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Voluntary Health Insurance and Medical Care
Costs, 1948-55

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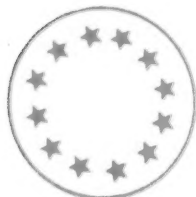
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Social Security in Review

FEWER persons received public assistance in September than in August, primarily as a result of the settlement in early August of the strike in the steel industry. In September, 5.7 million persons were on the assistance rolls, and payments totaled \$236 million. These figures represented declines of 74,000 in the total number of persons and \$1.2 million in total expenditures. During July and most of August the general assistance program had provided aid for many families temporarily in need because of the labor dispute. In September the number of general assistance cases dropped 17,000 or 5.6 percent below the August level, the number of persons dropped 74,000, and total expenditures declined \$1.3 million.

Changes in both caseloads and expenditures for the special types of public assistance were slight (less than 1 percent). Recent caseload trends continued. The number of persons receiving old-age assistance decreased, while the numbers receiving aid to the blind and aid to the permanently and totally disabled went up. For the second successive month there was a slight rise in the number of children receiving aid to dependent children and a small decline in the number of families.

In general assistance the substantial reduction in the national caseload was caused largely by decreases in the States that had been most affected by the labor dispute in the steel industry. Some of the most substantial declines, for example, were in Illinois (500), Indiana (4,900), Minnesota (600), New York (1,100), Ohio (1,300), and Pennsylvania (4,100). In aid to

dependent children, fairly sizable decreases in caseloads in California (800), Louisiana (200), and Pennsylvania (400) more than accounted for the decline in that program for the country as a whole. The largest increase in the number of families, 291 or 9.7 percent, occurred in Oregon when payments were restored to able-bodied children aged 14 and over; payments to these children had been suspended in July. Most of the relatively large increases in aid to the permanently and totally disabled occurred in States with comparatively new programs.

In September, only a few States

initiated policies that resulted in noticeable changes in average payments for the special types of public assistance. When New Mexico raised its standards of assistance and applied higher maximums on payments in aid to dependent children and aid to the blind, the average payments under these two programs rose \$6.48 per family and \$6.76 per recipient, respectively. An additional allowance of \$2.00 for household supplies and personal needs in New Mexico's program for aid to the permanently and totally disabled is reflected in the increase of \$1.68 in the average payment for that program. In Oregon the

	September 1958	August 1958	September 1955
Old-age and survivors insurance:			
Monthly benefits in current-payment status:			
Number (in thousands)	8,648	8,563	7,796
Amount (in millions)	\$457	\$452	\$399
Average old-age benefit (retired worker)	\$63.25	\$63.15	\$61.47
Average old-age benefit awarded in month	\$69.96	\$72.89	\$67.76
Public assistance:			
Recipients (in thousands):			
Old-age assistance	2,512	2,515	2,553
Aid to dependent children (total)	2,233	2,231	2,191
Aid to the blind	107	106	104
Aid to the permanently and totally disabled	263	262	241
General assistance (cases)	280	297	290
Average payments:			
Old-age assistance	\$55.25	\$55.38	\$52.50
Aid to dependent children (per family)	90.41	90.06	87.44
Aid to the blind	61.12	61.07	57.03
Aid to the permanently and totally disabled	56.86	56.85	55.15
General assistance (per case)	52.58	54.00	52.97
Unemployment insurance:			
Initial claims (in thousands)	761	837	725
Beneficiaries, weekly average (in thousands)	889	932	763
Benefits paid (in millions)	\$95	\$112	\$83
Average weekly payment for total unemployment	\$27.77	\$27.04	\$25.79

restoration of payments to able-bodied children aged 14 and over contributed to the increase of \$8.83 in the average payment to families receiving aid to dependent children. Utah raised by small amounts the maximum payments for recipients of the four special types of public assistance. The largest increase in average payment was that in aid to dependent children—\$1.76 per family.

In September the first assistance payments were made under Kentucky's new program of aid to the permanently and totally disabled. With the establishment of this program, 46 States now have in operation programs for the needy disabled.

● Monthly benefits under old-age and survivors insurance went to 8.6 million persons in September, 81,000 more than in August. All types of benefits except mother's benefits shared in the increase. More mother's benefits were temporarily suspended during September, and as a result about 500 fewer mother's benefits were payable than in August. Monthly benefits being paid at the end of September totaled \$457.5 million—\$5.1 million more than in August.

Awards of monthly benefits numbered almost 140,000 in September, about 27,000 less than in August. The 1.2 million awards made during the first 9 months of the year were about 105,000 fewer than the record high established in the corresponding period of 1955 but were more than the

number awarded in the first 9 months of any other year. In 1955 the number of awards had been swelled by claims arising from the liberalization in the retirement test under the 1954 amendments. The large number of awards in 1956 stemmed partly from the fact that April-June 1956 was the first quarter that many workers newly covered under the 1954 amendments could acquire their sixth quarter of coverage and become eligible for benefits.

A record total of 453,000 lump-sum death payments was awarded in January-September 1956, an increase of 2 percent from the previous record number awarded in the first 9 months of 1955. About 433,000 deceased workers were represented in these payments. The average lump-sum amount per worker was \$199.70.

A disability freeze period was established in September for 9,000 workers; the total number is now 180,000. About 168,000 applications for a disability freeze had been denied by September 30.

During September, about 298,000 applications for benefits were filed in the district offices of the Bureau of Old-Age and Survivors Insurance, 19,000 more than the previous record number filed in August. The large number of applications resulted chiefly from the provision in the 1956 amendments that lowers to 62 the age at which women may qualify for certain types of monthly benefits. More than 139,000 women aged 62-64 filed

applications for benefits in September, bringing the total number who have filed to almost 227,000. Although applications may be filed any time after August 1, the first month for which old-age, aged wife's, widow's, or parent's benefits are payable to women under age 65 is November 1956.

● Unemployment covered by the State unemployment insurance programs and the program of unemployment compensation for Federal employees declined in September. Insured unemployment dropped 7 percent to a weekly average of 988,000 but still, as in the 2 preceding months, was about 100,000 greater than the average for the same month in 1955. The number of initial claims, which represent new unemployment, dropped 9 percent in September to a total for the month of 760,000.

During an average week in September, about 889,000 persons received benefits under the State programs and the program for Federal workers—about 43,000 fewer than the August average but 16 percent more than in September 1955. A drop of \$17.3 million, to \$112.2 million, in the amount of benefits paid under these two programs reflected both the decline in the number of beneficiaries and the shorter workmonth. The average benefit paid for total unemployment, however, reached a record high of \$27.77—73 cents higher than in August.

	September 1956	August 1956	September 1955	Calendar year 1955	1954
Civilian labor force, ^{1,2} total (in thousands)	68,069	68,947	66,882	65,847	64,468
Employed	66,071	66,752	64,733	63,193	61,238
Unemployed	1,998	2,195	2,149	2,654	3,230
Personal income ^{1,3} (billions; seasonally adjusted at annual rates),					
total	\$328.5	\$328.1	\$311.0	\$306.1	\$287.3
Wage and salary disbursements	227.6	227.1	214.7	210.4	195.5
Proprietors' income	41.0	41.3	39.4	39.0	38.4
Personal interest income, dividends, and rental income	39.7	39.5	37.5	37.4	35.4
Social insurance and related payments	13.8	13.7	12.4	13.1	11.9
Public assistance	2.5	2.5	2.5	2.5	2.4
Other	9.6	9.8	9.7	9.0	8.3
Less: Personal contributions for social insurance	5.9	5.9	5.3	5.2	4.6
Consumer price index, ^{1,4} all items	117.1	116.8	114.9	114.5	114.8
Food	113.1	113.1	111.6	110.9	112.6
Medical care	134.0	133.3	128.2	128.0	125.2

¹ Data relate to continental United States, except that personal income includes pay of Federal personnel stationed abroad.

² Bureau of the Census.

³ Data from the Office of Business Economics, Department of

Commerce. Components differ from those published by the Department, since they have been regrouped; for definitions, see the *Annual Statistical Supplement, 1955*, page 7, table 1.

⁴ Bureau of Labor Statistics.

Voluntary Health Insurance and Medical Care Costs, 1948-55*

Private expenditures for medical care in the United States in 1955 amounted to more than \$11 billion, or \$69 for each person in the population. Expenditures of such magnitude, representing as they do 2.9 percent of the total national output and 4.1 percent of disposable personal income, deserve careful study. Study of the costs of medical care in the United States cannot be divorced from an examination of voluntary health insurance, used by two-thirds of the population to assist them in financing a part of their medical bills in advance of sickness. In 1955 the American people paid \$3.2 billion or 29 percent of their total medical bills to the health insurance industry. The interest—both of groups and individuals—in voluntary health insurance is continuing to grow. This year's article therefore includes a brief description of the various types of insurance available, the benefits, and the costs.

THE extent to which voluntary health and accident insurance benefits have replaced direct expenditures for medical care and income loss due to sickness has been the subject of regularly scheduled articles in the BULLETIN.¹ The distribution of the medical care dollar to hospitals, physicians, dentists, and nurses and for drugs and prescriptions, ophthalmic products, and so forth has been recorded and the growth of health insurance followed for the past 8 years.

In recognition of the growing interest among all segments of the population in health insurance as a means of prepaying at least a part of their medical care costs, this year's article contains a section describing the available types of health insurance and the kinds of benefits provided; it includes some discussion of individual and family health insurance premiums.

The interest of government agencies, at both the Federal and State levels, in approaches to the problems of providing prepaid protection for health care is indicated by recent legislative action. Laws were enacted

this year providing for medical care for the dependents of members of the Armed Forces and of State Department employees overseas, and there have been various legislative proposals in recent years at the Federal and State levels, as well as recommendations of State conferences and commissions. Private groups, too, have a concern with the scope of insurance now available in relation to health and welfare plans and the needs of certain population groups, such as the aged and those living in rural areas. Visitors from abroad find the complexities of the voluntary approach to prepayment of medical care in the United States hard to grasp. It is hoped that this general, though necessarily brief, picture of the scope and costs of the major benefits available from voluntary health insurance companies and plans will provide a useful source document.

A discussion of private expenditures and their relation to health insurance benefits follows the material describing health insurance. Only a brief description of the tables that have become a regular part of the annual series is given this year. The subject of income loss due to sickness and the amount of insurance against this loss will be treated, as in 1955, in a separate article.²

² See the Bulletin, January 1956, and the forthcoming Bulletin for January 1957.

Data for each year from 1948 to 1955 have been slightly revised in the tables that follow. Newly available estimates prepared by the Public Health Service for a single year (1955) have made it possible to include an item for nursing-home care, a recognized omission in the earlier reports. An addition has been made to expenditures for physicians' services and hospital services to cover the cost of student health services, which were not represented in the expenditure series in earlier years.

I. Description of Voluntary Health Insurance

In 1955 voluntary insurance against the costs of hospital and medical care provided more than \$2.5 billion in benefits to insured persons, a sum representing about 23 percent of their aggregate personal expenditures for medical care and health services. Table 1 shows both the amounts the population paid to the various providers of health insurance for this protection and the amounts returned as benefits in 1955. The table gives an indication of the many different forms of health insurance found in the United States and shows also their relative importance.

Prepayment or health insurance is a method of averaging medical care expenditures among groups of persons over a period of time. In the United States, individuals, families, and groups of people associated together for some purpose other than the purchase of insurance may buy such insurance from various types of commercial and nonprofit insurance organizations. For various reasons, a group that is a cross section of the population can collectively purchase protection at lower rates than individuals. Their experiences are pooled, the costs of collecting the premiums are lower, and the costs of marketing the "product" are less.

Expenditures for Medical Care

To understand the mechanism of spreading the risk, it is helpful to

* Prepared in the Division of Program Research, Office of the Commissioner.

¹ For the previous articles in this series, beginning with data for 1948, see the Bulletin for January-February 1950 and December of 1951, 1952, 1953, 1954, and 1955. Details of the methodology will be found in these articles.

keep in mind that the ordinary family may expect to spend, on the average, between 4 percent and 5 percent of its annual income on all forms of medical care and on health insurance. For lower-income families more than 4-5 percent of income is usually required, and for higher-income families slightly less than this proportion.

A family's expenditures vary, of course, from year to year and according to the size of the family, the age of the family members, and other characteristics. Expenditures for a child are less, on the average, than those of an adult. Largely because of childbearing, expenditures are greater for married women than for men or single women. Were older persons able to afford all the medical care they need, their expenditures, which are higher than the average for all ages, would increase more sharply with age than they actually do. The different rates of using medical services and supplies, taken together, nevertheless result in average expenditures of about 5 percent of family income a year.

Various studies have shown that a family consisting of more than one person spends, on the average, about \$200-\$225 a year for medical care, distributed roughly as follows:

Total percent	100
Physicians	25
Surgeons and obstetricians	13
Hospitals	26
Dentists	18
Other	18

This distribution of the medical care dollar does not include expenditures for health insurance premiums. Had it done so, payment of premiums would have replaced at least a part of the cost shown for hospital care and the services of surgeons, obstetricians, and physicians, but it also would have added an item for the cost of operating the health insurance arrangements. The overhead costs of insurance account for nearly 6 percent of the Nation's total expenditures for all forms of medical care.

The Nation as a whole distributes its medical care dollar among the items in the medical care bill in slightly different fashion from the

family units (table 2). Families appear to spend a larger percentage for physicians' services and dentists and less for hospital care and other items than do all persons—families, single persons, and unattached individuals—together.

In addition to showing how the Nation's payments for medical care are distributed among hospitals, physicians, dentists, and other practitioners and for services and supplies, table 2 indicates the shift from 1948 to 1955 in the method of paying for hospital care and physicians' services. In 1948 only 8.3 percent of the total bill was derived from insurance benefits—6.2 percent for hospitals and 2.1 percent for physicians' services. By 1955 a total of 22.3 percent of the pay-

ments for medical care came from insurance benefits. There were other significant changes in the distribution of the total bill. Hospital services, which amounted to 23 percent of the total bill in 1948, accounted for more than 30 percent in 1955. The share going to physicians and dentists decreased 2 percent. Expenditures for drugs and appliances represented 21 percent in 1955, compared with 24.5 percent in 1948. As the extent of prepaid protection increased, the expenditures for obtaining it rose to 5.5 percent of the total.

Utilization of Medical Care

In any one year, among 100 middle-income families about 77 will have expenditures for doctors; 74 will have

Table 1.—*Earned income and expenditures for medical care benefits of voluntary insurance, by type of carrier or plan, 1955*

[In thousands, except for average benefit; data corrected to Nov. 8, 1956]

Type of insurance carrier or plan	Earned income			Expenditures for benefits *			Benefits as percent of income
	Total	For hospital services ¹	For physicians' services ¹	Total	For hospital services ¹	For physicians' services ¹	
Amount (in millions)							
Total.....	\$3,149.6	\$2,017.8	\$1,131.8	\$2,535.7	\$1,678.4	\$857.3	80.5
Blue Cross plans *	910.7	891.2	19.5	832.2	815.7	16.5	91.4
Blue Shield plans *	381.7	16.9	364.8	314.5	15.9	298.6	82.4
Other medical-society-sponsored plans ²	6.4	.6	5.8	5.6	.5	5.1	87.5
Other nonprofit plans.....	199.3	108.7	90.6	180.8	99.6	81.2	90.7
Community.....	68.3	39.4	28.9	57.1	33.8	23.3	83.6
Consumer-sponsored.....	8.9	5.1	3.8	7.2	3.9	3.3	80.9
Fraternal societies.....	2.3	1.3	1.0	2.2	1.3	.9	95.7
Employer and/or employee.....	52.6	29.8	22.8	54.9	30.1	24.8	104.4
Union health and welfare *	67.2	33.1	34.1	59.4	30.5	28.9	88.4
Student health services *	5.5	2.2	3.3	5.4	2.1	3.3	98.2
Private group clinics with prepayment.....	19.1	6.7	12.4	18.2	5.8	12.4	95.3
Insurance companies ³	1,626.9	991.5	635.4	1,179.0	738.8	440.2	72.5
Group.....	1,022.5	620.0	402.5	858.0	535.0	323.0	83.9
Individual.....	604.4	371.5	232.9	321.0	203.8	117.2	53.1
Percentage distribution							
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	-----
Blue Cross plans.....	28.9	44.2	1.7	32.8	48.6	1.9	-----
Blue Shield plans.....	12.1	.8	32.2	12.4	.9	34.8	-----
Insurance companies.....	51.7	49.1	56.2	46.5	44.1	51.4	-----
Group.....	32.5	30.7	35.6	33.8	31.9	37.7	-----
Individual.....	19.2	18.4	20.6	12.7	12.2	13.7	-----
All other plans.....	7.3	5.9	9.9	8.3	6.4	11.9	-----

¹ Includes some income or expenditures for out-patient services.

² Includes some income or expenditures for services other than those received from physicians (nurses, dentists, laboratories, etc.).

³ Benefits paid, for nonprofit and other organizations; losses incurred, for insurance companies.

⁴ Includes premiums or benefits for hospitalization and physicians' services among private plans under the State temporary disability insurance laws of California and New York (see table 6).

⁵ For the 5 combined Blue Cross-Blue Shield plans, data for medical-surgical insurance shown under Blue Shield plans. Distribution between hospital and physicians' services for these combined plans and for the 7 Blue Cross plans that write both types

of insurance furnished by the Blue Cross Commission. Addition made for Health Services, Inc.

⁶ Addition made for Medical Indemnity of America. Excludes hospital insurance of the 5 Blue Cross-Blue Shield plans. Includes 8 Blue Shield plans that also furnish hospital insurance. Data supplied by Blue Cross Commission.

⁷ Excludes plans underwritten by insurance companies.

⁸ Covers only those funds or portions of funds used for the direct purchase of medical care without an intermediary insurance company or plan.

⁹ Estimated.

¹⁰ Estimated by Health Insurance Council and adjusted for plans shown here as "other nonprofit plans."

expenditures for such items as drugs and appliances; 41, for dentists; 26, for hospitals; and 17, for surgery and obstetrics.³ These ratios are in terms not of individuals but of families, some of whose members may incur heavy medical expenses and some little or none. The family's income must be spread over the large and the small expenditures.

In terms of individuals in any group of 100 persons, 90 will not need hospital care during a year. About 10 will go into the hospital and spend, on the average, about 10 days there; approximately 100 days of hospital care will thus be needed for each 100 persons, provided they are a cross section of children, working adults, housewives, and older persons.

It can therefore be expected that, to prepay for all the hospital care its members will need, any group will find it necessary to spend the equivalent of the cost of a day of hospital care for each individual in the group. A lower rate of expenditure for pre-

payment will make it necessary to exclude from the benefits some of the hospital care the group will use. The cost of providing the prepaid benefits must be added to the total.

If any physicians' and surgeons' services other than those provided as an integral part of hospital care are also to be prepaid, additional funds will be required, and a choice must be made among the kinds of insurance protection available against these costs. The choices at present include insurance against surgical expense, obstetrical expense, in-hospital medical expense, and outpatient physicians' services. The costs of dentistry, nursing, drugs, and appliances can seldom be insured.

Types of Plans and Policies

Because most families use physicians' services more often than they do surgeons' services or hospitals, a prepayment plan that provides some benefits for physicians' services will assist more families to spread their medical care costs over a period of years than will a plan that provides

only for prepaid hospitalization and surgery. Furthermore, prepayment plans that provide diagnostic benefits and care in the physician's office and patient's home encourage preventive medical care and care early in sickness and may therefore reduce the impact of more costly illnesses for the group as a whole.

Plans that furnish benefits outside the hospital are not widely available, however, and the prospective purchaser of prepaid medical care may be limited by his location or his financial means to insurance covering only in-hospital illness.

The major forms of protection available to the general public are listed below.

1. Hospitalization expense insurance—available from Blue Cross plans, a few Blue Shield plans, commercial insurance companies, and, where they exist, some group-practice plans.

2. Surgical expense insurance—available from Blue Shield plans (usually affiliated with Blue Cross plans, so that the coverage is sold

³ See the *Bulletin*, November 1956.

Table 2.—Private expenditures for medical care and insurance benefits, 1948–55¹

[Amounts in millions]

Expenditure or insurance benefit	1948		1949		1950		1951		1952		1953		1954		1955	
	Amount	Per cent	Amount	Per cent	Amount	Per cent	Amount	Per cent	Amount	Per cent	Amount	Per cent	Amount	Per cent	Amount	Per cent
Total.....	\$7,298	100.0	\$7,662	100.0	\$8,232	100.0	\$8,711	100.0	\$9,363	100.0	\$10,109	100.0	\$10,476	100.0	\$11,198	100.0
Direct and third-party expenditures ²	7,042	96.5	7,413	96.8	7,933	96.4	8,404	96.5	8,974	95.8	9,611	95.1	9,899	94.5	10,584	94.5
Hospital services.....	1,665	22.8	1,860	24.3	2,123	25.8	2,285	26.2	2,563	27.4	2,922	28.9	3,038	29.0	3,365	30.1
Direct.....	1,210	16.6	1,321	17.2	1,443	17.5	1,388	15.9	1,489	15.9	1,649	16.3	1,596	15.2	1,686	15.1
Insurance benefits.....	455	6.2	539	7.1	680	8.3	897	10.3	1,074	11.5	1,273	12.6	1,442	13.8	1,679	15.0
Physicians' services ³	2,236	30.6	2,345	30.6	2,470	30.0	2,565	29.5	2,721	29.1	2,865	28.4	2,966	28.3	3,123	27.9
Direct.....	2,085	28.5	2,117	27.6	2,158	26.2	2,109	24.3	2,191	23.4	2,217	22.0	2,229	21.3	2,266	20.2
Insurance benefits ⁴	151	2.1	228	3.0	312	3.8	456	5.2	530	5.7	648	6.4	737	7.0	857	7.7
Dentists' services.....	833	11.4	857	11.2	869	10.6	888	10.2	906	9.7	943	9.3	975	9.3	1,017	9.1
Other professional services ⁵	423	5.8	448	5.8	476	5.8	498	5.7	529	5.6	559	5.5	583	5.6	610	5.4
Medicines and appliances.....	1,785	24.5	1,798	23.5	1,885	22.9	2,048	23.5	2,130	22.7	2,192	21.7	2,197	21.0	2,319	20.7
Nursing homes ⁶	100	1.4	105	1.4	110	1.3	120	1.4	125	1.3	130	1.3	140	1.3	150	1.3
Expenditures for obtaining prepayment insurance ⁷	256	3.5	249	3.2	299	3.6	307	3.5	389	4.2	498	4.9	577	5.5	614	5.5
For hospital services.....	192	2.6	168	2.2	189	2.3	188	2.1	232	2.5	283	2.8	325	3.1	339	3.0
For physicians' services.....	64	.9	81	1.0	110	1.3	119	1.4	157	1.7	215	2.1	252	2.4	275	2.5

¹ Except where otherwise noted, data are from the Department of Commerce, 1955 *National Income Supplement to Survey of Current Business*, table 30, and *Survey of Current Business*, July 1956, table 30. Consumer expenditures include employer contributions to health insurance premiums. Excludes medical care expenditures for the Armed Forces and veterans, those made by public health and other government agencies and under workmen's compensation laws, and direct expenditures for services by private philanthropic organizations. No attempt has been made to identify and exclude expenditures made by individuals from payments received by them under the public assistance programs.

² Computed from data in *Hospitals*, June of each year 1949–54 and September 1955 and 1956. Based on income from patients for each year ending September 30 in all types of general and special short-term hospitals. Data are projected to December 31 of each year, and additions have been made for (1) nonregistered hospitals and (2) estimated income received from patients by general and special long-term hospitals, mental and allied hospitals, and tuberculosis sanatoriums. Amount of private expenditures is overstated by an unknown amount recorded

by the hospital as patient income in some instances where a government or welfare agency or workmen's compensation carrier actually made payment or reimbursed the patient. Addition made each year for hospital care in student health services.

³ Addition made each year to figure reported in *Survey of Current Business* for salaries of physicians employed in prepayment medical service plans, and for physicians' services in student health services. Excludes amounts private practitioners received from nonconsumer sources (equal to about 10 percent of the amounts shown) such as those for workmen's compensation cases, physical examinations connected with writing life insurance, and so forth.

⁴ Overstated because prepaid dental benefits are included.

⁵ Services of osteopathic physicians, chiropractors, podiatrists, private-duty trained nurses, and miscellaneous curative and healing professions.

⁶ Estimate for 1955 by the Public Health Service, adjusted for earlier years.

⁷ Data from table 1. Represents the difference between expenditures for health insurance premiums and amounts returned to consumers as benefits.

jointly); from insurance companies (where it also is usually combined with hospital insurance in one policy); directly, in a few instances, from Blue Cross plans; and, where they exist, from group-practice plans.

3. Maternity expense insurance—available from all the sources mentioned and ordinarily combined with basic hospital or surgical coverage.

4. In-hospital medical care expense insurance—available from the same organizations that provide surgical insurance and usually sold as a "rider" to hospitalization and surgical expense insurance except in group-practice plans.

5. Outpatient physicians' services—attention from the physician in the doctor's office or the patient's home, which may include physical examinations, preventive services, diagnosis, and treatment of nonhospitalized illness. Group-practice prepayment plans, union health centers, and a number of Blue Shield plans provide some or all of these benefits. Policies that include limited outpatient benefits may also be purchased from insurance companies. In addition, a relatively new form of insurance, called major medical expense insurance and offered by insurance companies and an occasional Blue Shield plan, can be applied to this type of medical care.

The purchaser of insurance against the costs of medical care usually considers each of these five types of protection separately, with hospitalization and surgical insurance generally given priority. An exception occurs in group-practice plans, which are ordinarily organized around outpatient physicians' services.

Group-practice plans have been mentioned under each type of protection because in their most highly developed form they can cover the full range of physicians' services (including those of surgeons), both in and out of the hospital, and provide prepaid hospitalization as well. Services are provided through a group of physicians practicing together—hence the term "group practice." An outpatient medical clinic forms the nucleus of these plans. The benefits provided vary widely, however; they may be limited to treatment and/or

diagnosis at the medical clinic (as an augmentation to the in-hospital expense benefits of other forms of insurance), or they may cover some or all of the other benefits, including doctor's visits to the patient's home, surgery, and hospitalization.

Many of the existing group-practice plans provide prepaid benefits only to the members of the sponsoring union or the employees of a particular industrial establishment. Railway employees, for example, belong to the hospital association of the railroad for which they work. Relatively few group-practice plans are open to the general public. (Examples of plans that the public may join are, on the West Coast, the Ross-Loos Medical Group, the Kaiser Foundation Health Plan, and Group Health Cooperative of Puget Sound, and in the East the Health Insurance Plan of Greater New York and the Group Health Association in Washington, D.C.)⁴

Health insurance plans fall into two broad categories—plans or policies providing service benefits and those providing cash indemnity benefits. Members of plans or holders of policies in the first category receive the service (hospital care or physicians' or surgeons' services) without having to pay the provider of the service at the time they receive the service; the insuring organization pays the provider of the services or provides the services directly. In the second category, the insured person pays the provider of the service, receives a receipted bill, and then submits a claim to the insurer, who indemnifies the insured person. Group-practice prepayment plans are essentially service plans, although there may be occasional charges at the time a particular service is received.

Most of the insurance plans or policies do not provide benefits for conditions resulting from work-connected illness or injury; the exceptions are individually purchased insurance company policies. Care in tax-supported institutions (such as mental hospitals, tuberculosis sanatoriums, veterans' hospitals, and hospitals of the Public Health Service) is also

usually not covered. Adult dependents (persons aged 18 or 19 and older) are usually excluded from policies covering a family. Persons who have already attained age 65 are ordinarily not eligible to join a plan unless they are employed and come in as a member of an employed group.⁵ Preexisting conditions and pregnancies predating the effective date of the policy are subject to special rules, spelled out in each policy. The plans vary in their coverage of newborn infants; some cover them from birth, and others not until they are 5 or 6 months of age.

While there are numerous exceptions and special provisions, it is possible to present a general picture of the several types of insurance that are available.

Blue Cross Plans

Among the distinctive features of a Blue Cross hospitalization plan is the ease with which the insured person is admitted to a member hospital. No down payment is required; he simply shows his membership card at the admitting office. In addition, he makes no large payment to the hospital when he is discharged, since Blue Cross pays the hospital directly; the patient pays only the difference between the hospital's charges and the Blue Cross benefits. The patient does not have to submit the hospital bill to the insurer to have the claim honored, as he does with an insurance company.

Most Blue Cross plans provide service benefits—that is, they pay the cost of a semiprivate or ward room, rather than a fixed amount (such as \$10 a day) toward the hospital's charges for room and board. The plans also pay most or all extra charges, such as those for use of the operating room or for anaesthesia,

⁵ Blue Cross and Blue Shield plans make special provisions for persons who have been covered and who leave employment at retirement. Their group protection may be converted into an individually held policy. Group policies sold by insurance companies may be written to permit conversion on retirement. Most group-practice plans continue coverage of retired members. Through special arrangements, retired persons may also be continued as part of the whole group under any form of insurance.

⁴ For a detailed study of group-practice plans see the *Bulletin*, June 1956.

dressings and casts, and prescribed medicines, during the period the patient is covered for room and board charges. If charges for X-rays are not covered, they usually are included in the companion Blue Shield plan.

The insurance principle of spreading the risk over a large group is usual in the Blue Cross plans. While some plans have a variety of policies, most provide identical benefits to all members of the community they serve so that all share the risk equally. Any subscriber may convert to an individual policy if he has to give up membership in a group, either because of retirement or change of employment. While policies are legally cancellable at a plan's discretion, it is a widely accepted principle of the plans not to cancel a policy even though claims have been heavy or the insured person has reached age 65 or some other specified age.

Blue Cross plans are sponsored by the American Hospital Association and by local hospitals. Any excess of income over expenditures not allocated to reserves is divided among the hospitals serving the particular plan; it is not returned to subscribers in the form of dividends or rate credits.

Most Blue Cross plans act as the agent for the Blue Shield plan in their area, handling the sales of the Blue Shield policies and the records, claims payments, and so forth. In several States the Blue Cross plan provides surgical insurance as well as hospital insurance.

Blue Shield Plans

In its usual form, surgical insurance provides that the insurer—whether a Blue Shield plan, another type of medical-society-sponsored plan, an insurance company, a Blue Cross plan, or a consumer-sponsored plan—pay the surgeon or the patient a specified amount for a given operation. The stipulated amounts are set forth in a "fee schedule of surgical procedures." It is recognized that the indemnification made by the insurer will not necessarily coincide with the charges made by the surgeon in the individual case. If the surgeon's charge is less than the fee schedule allows, the insurer pays only the amount of the charge. All Blue Shield

plans provide surgical insurance and all except seven provide in-hospital medical expense insurance.⁶

In typical Blue Shield plans the surgeon is paid directly by the plan. The insured person is responsible for paying only that portion of the surgeon's charges that exceeds the reimbursement provided by the fee schedule.

Many Blue Shield plans have agreements with "participating physicians," under which the amount of reimbursement shown in the surgical fee schedule will be considered as payment in full for the charges to those patients whose income is less than a specified amount. The maximum income varies from plan to plan; it is as low as \$2,400 a year in some plans and as high as \$6,000 in others. Since low-income members of these Blue Shield plans know in advance that their bills for surgery will be paid in full, they have, in effect, a "service benefit."

The plans are under the aegis of local or State medical societies. As a result, they can sign up members of the medical societies as participating physicians and have a mechanism for agreements on fee schedules, on income ceilings for service benefits, and on methods of handling complaints about excessive charges.

Like Blue Cross plans, Blue Shield plans also have provisions for converting group policies to individual policies. Their policies afford identical benefits to the whole community they serve, and they seldom cancel policies because of age or heavy claims. They are nonprofit plans, and any excess of income over expenditures is not distributed to physicians or to subscribers but is allocated to reserves. The reserves may ultimately be used to increase benefits or delay a rise in premiums.

Insurance Company Policies

Insurance company policies may cover only hospital expense, surgical

expense alone, in-hospital medical expense alone, or any combination of the three. A combined hospitalization-surgical expense policy is most common.

Insurance company policies usually take the form of cash indemnification of the insured person, after he has paid the bill. The claim may be assigned by the insured to the hospital, surgeon, or doctor, or the policy may include a provision that the insurance company will arrange with local hospitals to admit patients on evidence that they are covered by insurance.

Some insurance companies sell policies only on a group basis, usually to a group of employees whose employer takes out the policy; others sell only to individuals—for themselves and their families. Some companies do both, but the two forms are kept separate and distinct. The descriptions that follow apply to both forms, although group insurance, which is spread over more people, ordinarily costs less per dollar of benefit than individual insurance.

Group policies cover the insured person only while he is a member of the group. When he changes employment or retires, his coverage stops. Some policies contain special provisions for continuation or conversion of the protection. These provisions are being more widely incorporated now than they were in the past because of the realization that retirement and the termination of group coverage usually occur at an age when it is difficult or expensive to purchase an individual policy.

Individual policies, unless specifically purchased on a noncancellable basis, may be canceled at the discretion of the insurance company. Group policies have an annual renewal rate on the anniversary of the effective date of the policy, at which time the net premium is recomputed.

Hospital expense insurance.—This form of insurance as provided by insurance companies has several distinctive features, one of which is flexibility. The companies design benefit specifications, for example, to suit the wishes of the group buying the insurance. The insurance usually pays up to a fixed amount, such as

⁶ The Oregon and Washington Blue Shield plans include as standard benefits for employees (but not dependents) home and office services in addition to hospital and surgical care; four other plans offer home and office benefits in addition to their in-hospital benefits for dependents as well as employees.

\$10 a day, for room and board in the hospital; the amount may be selected by the policyholder. (Policies paying the cost of a semiprivate room may also be obtained from some companies.) The maximum allowance for hospital extras is generally determined by multiplying the daily rate for room and board by a specified figure—usually from 5 to 20. (With an allowance of \$10 a day for room and board, for example, a "10 times" allowance for the hospital extras would pay up to \$100 for other hospital charges, including use of the operating room, diagnostic X-rays, laboratory tests, and so forth.)

Members of the group may be scattered in different areas, but the policy provides the same dollar benefit for all members of the group. Under a Blue Cross contract the group might have to be divided among several different Blue Cross plans—some with better benefits than others.⁷

Both group and individual policies can be priced at the amount the purchaser is willing to pay, since the benefits may be adjusted up or down. If experience is favorable, some of the premiums may be recovered—through dividend payments or experience-rating refunds—at the end of the policy year. In periods when hospital costs are rising, the premium rates do not require adjustment to reflect increases in hospital charges as often as policies paying the cost of a semiprivate room and all extras, since the rates are based on a maximum fixed amount per day. The dollar maximums will then meet less of the cost, however, leaving more for the insured person to pay out of pocket.

Frequently the only form of insurance available to persons living in isolated places is an individually purchased accident and health policy sold by an insurance company. Premiums for such policies may appear relatively expensive in relation to the benefits offered and to the costs of group policies, but the greater cost of marketing individual policies and the likelihood of unfavorable selec-

tion make the higher cost understandable.

Surgical expense insurance.—Insurance companies sell policies that provide for cash indemnification of the insured person according to a "fee schedule for surgical procedures." The distinctive features of this type of surgical expense insurance are similar to those relating to insurance company hospitalization policies: (1) flexibility of benefits and premium costs that may be adapted to the particular group purchasing the policy; (2) uniform benefits regardless of the location of the insured; (3) availability to individuals who are not part of an employed group; (4) termination on separation from the group unless the individual is disabled, in which case coverage is extended for 3 months; and (5) cancellability.

Maternity and Obstetrical Expense Insurance

Blue Cross plans usually provide 10 days of hospital care for a confinement. Blue Shield plans provide specified amounts in their surgical fee schedules for a normal delivery and other specified amounts for complications resulting from pregnancy. Under both Blue Cross and Blue Shield plans, benefits are usually paid only if the mother has been a member for at least 9 or 10 months, but this rule is sometimes waived for members of a large group. Payments are made by the plans directly to the hospital or to the doctor. If family income is less than a specified amount the Blue Shield plan's payment to the obstetrician is accepted as full payment.

Insurance companies may provide a flat maximum amount, such as \$100 or \$150, toward the combined cost of the hospital confinement and the fee of the obstetrician, or they may have separate hospital and obstetrical benefits corresponding to Blue Cross-Blue Shield benefits, except that a fixed dollar amount per day for room and board is provided. Payments are made to the insured or may be assigned to the providers of the services. Some policies call for a waiting period before the mother is eligible for maternity benefits, while

others may waive this requirement; the premium for the latter type is higher.

Generally, among Blue Cross plans, Blue Shield plans, and the insurance companies, if the woman is pregnant when the insurance is terminated (for whatever reason), the maternity benefits are honored. The various insurers differ on the amount of coverage given the newborn infant.

Medical Care in the Hospital

Most Blue Shield plans and insurance companies offer insurance to pay part of the costs of nonsurgical attendance by physicians to hospitalized patients. These benefits are sometimes included in a rider to the hospital and surgical policy.

The Blue Shield plans seldom pay benefits for the first day or two, and insurance company plans may be tailored to suit the wishes of the insured. Both usually pay \$3-\$5 a day for the same number of days as are covered for hospital expense. Extra amounts are sometimes allowed for a consultant. As in surgical insurance, Blue Shield plans pay the doctor directly and insurance companies usually pay the insured person, unless he has assigned his claim to the doctor. The Blue Shield plans have no agreements for this type of benefit that correspond to those for surgical benefits for low-income families, under which the doctor's charge is no more than the insurance benefit.

Other Benefits

As already indicated, the only insurance benefits that can be purchased for such services as home and office care and diagnosis are limited in scope, except in a few States and in localities where there are group-practice plans.⁸ An exception occurs in major medical expense insurance, discussed below. Insurance companies offer riders to hospitalization and surgical expense policies that pay up to a specified amount, such as \$25 or \$50, toward the cost of diagnostic X-rays and certain other diagnostic procedures.

⁸ Because of their flexibility in writing insurance to suit the purchaser, insurance companies can, however, write this coverage if the purchaser is willing to pay the cost.

⁷ A Blue Cross plan may also write national contracts either directly or through Health Services, Incorporated—the Blue Cross organization established to handle national contracts.

Major Medical Expense Insurance

Insurance specifically against major medical expenses has been available only a relatively short time. (Most group-practice prepayment plans cover major medical expenses in their standard provisions.) Offered first by insurance companies, major medical expense insurance is now also sold by some Blue Cross-Blue Shield plans on a group basis. It has two special features—a deductible amount, which the insured person must pay before he can collect a claim, and "coinsurance" on the part of the insured. It is sometimes likened to automobile collision insurance, in which the car owner pays any claims up to the deductible amount (\$50 or \$100) and the insurance company pays anything over such an amount up to the maximum set forth in the policy.

Unlike collision insurance, however, major medical expense insurance does not provide complete coverage for charges above the deductible amount. The insured person pays directly, in addition to the deductible amount, 20-25 percent of the remaining amounts up to specified maximums—usually \$5,000 or \$10,000. The purpose of this stipulation, called the coinsurance feature, is to give the insured person an incentive for holding down the bills, since it means that he must meet a fourth or a fifth of the cost above the deductible amount (which he also pays directly).

If major medical expense is the only policy held, in its most usual form it provides that the insured person pay the first \$50, \$100, \$200, or a higher figure (the deductible amount) of a large medical bill. The insurance company will then pay 75 percent or 80 percent of the remainder—up to the stated maximum—for expenses covered by the policy. Not all expenses incurred are necessarily covered.

If the insured person has basic coverage, such as Blue Cross-Blue Shield or an insurance company policy providing hospitalization and surgical or surgical-medical expense insurance, the major medical expense policy generally takes the following form: (1) All basic benefits are deducted from the total expenses; (2)

the insured person pays directly, out of pocket, \$100-\$200, depending on the policy (an expense sometimes referred to as "the corridor"); and (3) the insurance company pays 75-80 percent of the remainder.

Experience has shown that illnesses causing large expenditures are generally those requiring hospital care and often the services of a surgeon. Though adequate basic insurance may be expected to cover a large proportion of the bills for these services, major medical expense insurance can be helpful when large amounts must be spent for such items as special nursing and expensive drugs. In the absence of such benefits in the basic insurance policy, this type of insurance is also helpful in meeting some of the costs of nonsurgical physicians' services, especially those not incurred in the hospital. It can (after application of the rules about deductible amounts and coinsurance) assist with hospital costs and surgeons' fees not fully met by the basic insurance.

Cost of Health Insurance Protection

The costs of obtaining health insurance protection depend partly on the characteristics of the individuals or the group seeking insurance, on the specific benefits they want or can obtain, and on their geographic location.

It is a cardinal principle of insurers that an acceptable group, for the purposes of group insurance, must have banded together for some reason other than to buy health insurance. The exception to this rule is the consumer-sponsored plan, which self-insures either through establishment of a clinic or otherwise. If group enrollment is out of the question, the individual selecting an insurer may be restricted to the Blue Cross-Blue Shield plan serving the area and then only during a community enrollment drive, which many Blue Cross-Blue Shield plans conduct periodically. Because enrollment on an individual basis is not provided by some Blue Cross-Blue Shield plans, purchase of an individual policy from an insurance company may become the only alternative.

Since doctors' fees and hospital charges vary in different localities and insurance benefits vary from policy to policy, it is not possible to state categorically what the premium for a particular type of benefit is likely to be. The Blue Cross and Blue Shield plans usually set their premiums for a single individual at a slightly higher figure than the anticipated cost of care; their premiums for family coverage are more nearly at expected cost. In addition, all the younger members of Blue Cross-Blue Shield plans are bearing some of the extra costs incurred by older members, since premiums are graduated only slightly, if at all, for advancing age. Consequently, for young persons, the higher costs of protection in their own later years are spread throughout their period of coverage under the plan.

A few generalizations about benefits and costs are possible and will illustrate the kinds of choices available to purchasers of insurance.

Hospitalization Insurance

A rough yardstick of hospitalization insurance premiums is readily available. For one person, the yearly cost should be approximately equivalent to the average cost of a day of general hospital care in the area, plus about 10 percent for the operating costs of the plan.⁹ For a family, the cost would be two and one-half to three times the figure for one person.

To some extent, premium costs reflect the number of days of hospital care the plan provides. Benefit days vary among the plans from 21 to 365, and they may be days per illness or per year. Some plans provide a specified number of "full benefit" days, such as 30, and additional days of partial benefits, such as 90, making them equivalent usually to 50 percent of the full benefit offered for the first part of a prolonged period in the hospital. The premium will also reflect the number of hospital extras provided.

⁹ For State data on approximate costs for a day of hospital care, see *Hospitals*, Administrator's Guide issue; for a particular locality, data may be available from the hospitals about costs under the Reimbursable Cost Formula used by public agencies in buying hospital care.

Table 3.—Blue Cross and Blue Shield annual premiums, average among all plans and range

Type of contract	Group		Nongroup	
	1-person	Family	1-person	Family
Blue Cross:				
Average.....	\$23.12	\$56.22	\$29.86	\$65.60
Range.....	13.20-42.00	36.00-102.48	16.80-54.00	39.60-108.00
Blue Shield:				
Surgical-obstetrical expense:				
Average.....	10.32	31.44	12.40	35.24
Range.....	7.20-15.00	22.80-48.60	8.40-16.20	22.80-49.80
Surgical-medical expense:				
Average.....	13.20	36.84	15.28	39.76
Range.....	7.56-19.80	24.00-59.40	12.00-23.40	28.80-57.00

Source: Blue Cross data from *Blue Cross Guide*, Blue Cross Commission, January 1956; Blue Shield data from *Voluntary Prepayment Medical Benefit*

Plans, American Medical Association, Council on Medical Service, 1954.

Blue Cross plans.—Current figures on the yearly charges made by Blue Cross plans for group enrollment under their "standard" and "comprehensive" plans are shown in table 3. Persons enrolling on a nongroup basis usually pay additional amounts, averaging almost \$7 a year for individuals and more than \$8 for families; benefits may be somewhat less broad for nongroup than for group members.

Insurance company group policies.—Insurance companies set their group rates in terms of the employee, adding separate amounts for wives and children. Table 4 indicates the group rates, which are subject, however, to various plus and minus factors, including the age and sex and occupational characteristics and size of the group and the experience under the policy (which may produce dividends). The details of rate fixing are too complex to be considered in a summary description.

A typical policy providing reimbursement of up to \$10 a day for 70 days, with 10 times the daily rate for "extras" and maternity benefits available immediately, might at present involve premiums in the amounts listed in table 4. The premium for any dependents would be added to that for the employee to show the full premium.

Insurance company individual policies.—Rates for individual policies vary according to the benefits selected, the purchaser's age and sex, and the methods used by the insuring organization to market its policies. When agents who sell the policy receive a commission, the costs must

cover the commission. If the policy is sold by mail the cost of advertising is a factor. The probability of a selection of risks unfavorable to the insurance company enters into the determination of costs when the insured person is electing to be covered.

Surgical Insurance

Surgical fee schedules are usually referred to according to the maximum amount payable for any one operation. There are fee schedules of \$150, \$200, \$300, and occasionally higher amounts; the first two are the most common.

Since the top figures in the fee schedules apply to rather infrequently encountered surgical procedures, a more useful measure of the value of the surgical insurance offered is the amount of benefit paid for (1) a tonsillectomy, (2) an appendectomy, and (3) a normal delivery. It is not pos-

sible here to present such detail, but it can be obtained for individual plans. The benefits paid by a particular plan may also be related to the usual charges made by the physicians serving members of the group in the community.

Blue Shield plans.—The premiums under group policies for surgical contracts that included obstetrical services ranged, according to the latest available information, from \$7.20 to \$15.00 annually for a one-person policy and from \$22.80 to \$48.60 for a family policy (table 3). The rates for nongroup policies are slightly higher.

Insurance company group policies.—For group surgical policies as for group hospital expense insurance, insurance companies quote a rate for the employee, to which are added separate rates for dependents. Typical charges for a \$200 surgical fee schedule, including obstetrics, are shown in table 4. The illustrative rates are those applying to a "standard" group. Actual quotations would vary from these rates according to the size of the group, the number of women employees, and other factors.

Medical Care Insurance

The type of insurance that is applicable to physicians' nonsurgical services and that is generally available from Blue Shield plans usually covers only visits made by physicians while the patient is in the hospital. For such insurance, benefits starting the first or second day in the hospital

Table 4.—Typical insurance company premiums for group hospitalization and health insurance policies

(Initial rates, subject to rate credits or dividends)

Coverage	Hospitalization ¹ policy		Surgical and obstetrical expense policy ²		In-hospital physicians' services policy, monthly premium			
	Monthly premium	Annual premium ³	Monthly premium	Annual premium ³	31-day maximum with benefits per visit of—		70-day maximum with benefits per visit of—	
					\$3	\$4	\$3	\$4
Employee.....	\$1.53	\$18.36	\$0.53	\$6.36	\$0.090	\$0.120	\$0.090	\$0.132
Dependents: ⁴								
Family, combined rate ⁵	3.92	47.04	1.84	22.08	.180	.240	.198	.264
Wife only.....	3.05	36.60	1.40	16.80	.117	.156	.129	.172
Child or children only.....	1.75	21.00	.80	9.60	.108	.144	.117	.156
Wife and children.....	4.80	57.60	2.20	26.40	.225	.300	.246	.328

¹ Providing up to \$10 a day for 70 days with 10 times the daily rate for "extras" and maternity benefits.

² Shown as 12 times the stated monthly amount.

In practice an annual rate might be slightly less.

³ With a \$200 surgical fee schedule.

⁴ The amounts below should be added to the employee rates to obtain the combined rates for the family.

⁵ Covers all dependents, regardless of family size.

will, of course, cover more of the actual expenditures (and usually cost a little more) than those starting the third or fourth day. An allowance for a consultation is frequently included. In most communities a benefit of \$5 a visit or a day will be closer to the physician's usual charge than \$3.

Blue Shield plans.—Among the Blue Shield plans that provide some in-hospital expense insurance, annual premiums under group policies (on the basis of the latest figures that are available) for a combined surgical-medical contract for one person ranged from about \$8.00 to \$20.00, with an average of \$13.20; for a family the range was from \$24.00 to \$59.00, and the average was \$37.00 (table 3).

Insurance company group policies.—Typical monthly rates for a commercial insurance company policy providing payments of \$3 and \$4 for in-hospital doctor's visits are shown in table 4. These amounts (on an annual basis) should be added to the appropriate premium for group surgical policies to obtain a comparison with the Blue Shield combined surgical-medical premium.

Group-practice plans.—Prepaid costs of the care afforded by group-practice plans necessarily vary widely, according to the inclusiveness of the benefits. If the benefits are comprehensive (including hospitalization and surgical as well as other medical care benefits), the annual cost may approximate average annual family expenditures for the services provided (\$150 or more a family per year).

Major medical expense policies.—These policies are so relatively new that no two companies appear to calculate premiums in the same fashion, and widely divergent rates may be quoted to a group seeking bids for a specific set of benefits.

II. Growth of Voluntary Health Insurance, 1948-55

The complex nature of existing voluntary health insurance is evident from the description of the various types of plans and of the diverse types of benefits they provide. Measurement of the value of voluntary health insurance in terms of the number of

persons with some kind or amount of insurance ignores the great differences in the benefits they are purchasing and in the amounts they are paying for premiums.

Starting in 1950 the Division of Program Research has measured each year certain quantitative aspects of voluntary health insurance. The appraisal technique that is used gives simultaneous recognition to changes in (1) the costs of medical care, (2) the size of the population, (3) the number of persons covered by one or more types of voluntary health insurance, and (4) the insurance benefits made available to insured persons. All these factors influence the volume of medical and hospital care received by the civilian population and result in changes in direct consumer expenditures for health purposes and in insurance offsetting these expenditures.

In this series, the relation between civilian expenditures for health and insurance benefits received in connection with these expenditures provides the basis for the year-to-year comparisons of the extent to which voluntary health insurance is affording a mechanism for paying for medical care.

Insurance Against Medical Care Costs

In 1955 the public spent \$3.15 billion to purchase voluntary health insurance and received in benefits \$2.54 billion—the equivalent of 80.5 percent of the total amount spent to purchase the insurance. Put another way, of each dollar spent to purchase in-

surance, 19.5 cents was used to operate the insurance plans, make additions to reserves, and pay sales costs and the like, and 80.5 cents was paid directly or indirectly to hospitals, physicians, dentists, and so forth (table 5).

As in the immediately preceding years, 64 percent of the total amount of earned income of all forms of health insurance was identified as applying to hospitalization and 66 percent of all benefits represented hospitalization benefits. The loss ratio for hospitalization insurance was 83 percent in 1955, compared with 82 percent in 1954. The loss ratio for insurance against physicians' services was 76 percent in 1955 and 75 percent in 1954.

The sources of the insurance protection provided in 1955 have been shown in table 1. Blue Cross plans were the major providers of insurance against the costs of hospital care, since they provided 49 percent of all hospitalization expense payments made by all types of carriers and a third of all benefit payments. Group policies sold by commercial insurance companies for the second year in succession exceeded the Blue Cross-Blue Shield plans in the amount of benefits paid against the costs of physicians' services. In fact, insurance companies, through both group and individual policies, furnished 51 percent of all such benefits and 44 percent of all benefits for hospitalization. The combined premiums of the insurance companies made up 51 percent of the total earned income of all forms of prepayment insurance; their benefits represented 46.5 percent of all health insurance benefits paid.

Prepayment plans other than Blue Cross, Blue Shield, and the insurance companies received \$2.7 million less in income and paid out \$1.3 million less in benefits in 1955 than in 1954. Because of the growth of other forms of insurance they represented a smaller segment of the total in 1955 than in the preceding year. Primarily responsible for this shift is the fact that one large and several small medical-society-sponsored plans became affiliated with the Blue Shield Commission in the period under review, and a hospital plan classified as a

Table 5.—*Earned income, benefit payments, and loss ratios for voluntary insurance against the costs of medical care, 1948-55*

[Amounts in millions]

Year	Earned income ¹	Benefit payments	Loss ratio (percent)
1948.....	\$862	\$606	70.3
1949.....	1,016	767	75.5
1950.....	1,291	992	76.8
1951.....	1,660	1,353	81.5
1952.....	1,993	1,604	80.5
1953.....	2,420	1,921	79.4
1954.....	2,756	2,179	79.1
1955.....	3,150	2,536	80.5

¹ Represents benefit payments plus expenditures for obtaining prepayment insurance; for detail, see table 2.

community plan for the past several years renewed its affiliation with the Blue Cross Commission. As a result, data for these plans have been assigned to Blue Cross or Blue Shield for 1955. In addition, the United Mine Workers Health and Welfare Fund, the largest of the union-sponsored plans, paid out less in benefits than in earlier years; the lower payments reflect the decline in coverage resulting from a drop in employment in the mining industry.

The data in tables 1 and 5 do not, in the strictest interpretation, represent exclusively private or consumer purchases of health insurance. Employers are responsible for a large and expanding contribution to the financing of health insurance. The expenses of industry for this type of cost are borne only indirectly by the consumer as they become part of the costs to him of other types of goods and services that he buys. An estimate¹⁰ for 1954, when health insurance premiums or earned income amounted to \$2.8 billion, placed the

¹⁰ *Welfare and Pension Plans Investigation: Final Report of the Committee on Labor and Public Welfare Submitted by Its Subcommittee on Welfare and Pension Funds* (S. Rept. 1734, 84th Cong., 2d sess., 1956), page 84.

contribution of employers at \$656 million; this figure is equivalent to 24 percent of total premiums in that year. The percentage was probably somewhat higher in 1955.

In still another respect the data in tables 1 and 5 are not confined to wholly voluntary expenditures, since they include a small amount of health insurance resulting from the compulsory temporary disability insurance laws in New York and California. The extent of medical care benefits provided under the two State laws is shown in table 6, separately for private carriers and for the public program in operation in California. In 1955 a total of \$15 million in hospitalization and medical-surgical benefits was paid through private carriers writing insurance under the temporary disability insurance laws. Another \$6.3 million in hospitalization benefits was derived from the public plan in operation in California and would also offset private expenditures for hospital care. An adjustment for the California public plan can be made in table 2 for the years 1950-55 by decreasing private expenditures or increasing insurance benefits by the amounts shown in table 6.

Expenditures for medical and hospital care arising from work-connect-

Table 6.—Benefits from hospital and medical care insurance under California and New York State temporary disability insurance laws, 1950-55

[In millions]			
Year	Total	Under public plans ¹	Under private plans ²
1950.....	\$6.5	\$2.7	\$3.8
1951.....	11.0	2.6	8.4
1952.....	13.4	3.3	10.1
1953.....	16.2	3.7	12.5
1954.....	19.2	5.7	13.5
1955.....	21.3	6.3	15.0

¹ Hospital benefits in California.
² Hospital benefits in California; hospital, surgical, and medical benefits in New York.

ed injuries and illnesses are not included in the data in table 2. Consequently workmen's compensation payments for hospital and physicians' services are omitted from the aggregates of insurance benefits paid by insurance companies.

Trends in Insurance Protection

The value of the prevailing insurance each year from 1948 through 1955 is measured in table 7. The percentage of private expenditures for

Table 7.—Private expenditures for medical care and the percentage met by voluntary health insurance, 1948-55

[Amounts in millions]

Year	Total medical care expenditures		Hospital services only		Physicians' services		Hospital and physicians' services		Currently insurable expenditures		Potentially insurable expenditures	
	Amount	Percent met by insurance	Amount ¹	Percent met by insurance	Amount	Percent met by insurance ²	Amount	Percent met by insurance ²	Amount ³	Percent met by insurance	Amount ⁴	Percent met by insurance
With expense to obtain insurance included												
1948.....	\$7,298	8.3	\$1,857	24.5	\$2,300	6.6	\$4,157	14.6	\$5,169	11.7	\$5,727	10.6
1949.....	7,662	10.0	2,028	26.6	2,426	9.4	4,454	17.2	5,491	14.0	6,063	12.7
1950.....	8,232	12.1	2,312	29.4	2,580	12.1	4,892	20.3	5,950	16.7	6,553	15.1
1951.....	8,711	15.5	2,473	36.3	2,684	17.0	5,157	26.2	6,250	21.6	6,903	19.6
1952.....	9,363	17.1	2,795	38.4	2,878	18.4	5,673	28.3	6,792	23.6	7,476	21.5
1953.....	10,109	19.0	3,205	39.7	3,080	21.0	6,285	30.6	7,447	25.8	8,158	23.5
1954.....	10,476	20.8	3,363	42.9	3,218	22.9	6,581	33.1	7,776	28.0	8,498	25.6
1955.....	11,198	22.6	3,704	45.3	3,398	25.2	7,102	35.7	8,351	30.4	9,110	27.8
With expense to obtain insurance excluded												
1948.....	7,042	8.6	1,665	27.3	2,236	6.8	3,901	15.5	4,913	12.3	5,471	11.1
1949.....	7,413	10.3	1,860	29.0	2,345	9.7	4,205	18.2	5,242	14.6	5,814	13.2
1950.....	7,933	12.5	2,123	32.0	2,470	12.6	4,593	21.6	5,651	17.6	6,254	15.9
1951.....	8,404	16.1	2,285	39.3	2,565	17.8	4,850	27.9	5,943	22.8	6,596	20.5
1952.....	8,974	17.9	2,563	41.9	2,721	19.5	5,284	30.4	6,403	25.1	7,087	22.6
1953.....	9,611	20.0	2,922	43.6	2,865	22.6	5,787	33.2	6,949	27.6	7,660	25.1
1954.....	9,899	22.0	3,038	47.5	2,966	24.8	6,004	36.3	7,199	30.3	7,921	27.5
1955.....	10,584	23.9	3,365	49.8	3,123	27.3	6,488	39.0	7,737	32.7	8,496	29.8

¹ Expenditures include outpatient services provided by hospitals. Insurance benefits are applicable to such services when service is given in an emergency.

² Slight overstatement because the data used for insurance benefits include some payments to nurses, dentists, and laboratories.

³ Includes total expenditures for services of physicians and hospitals and one-tenth of the expenditures for drugs and appliances.

⁴ Includes total expenditures for services of physicians, hospitals, dentists, and nurses and one-third of the expenditures for drugs and appliances.

medical care that was met by insurance benefits is shown for the total and under five different groupings. The benchmarks representing expenditures have been calculated both to include and to omit the expenditures incurred in the purchase of the insurance protection being measured, so that the reader may select the concept of expenditures best suited to his particular needs.

Insurance was meeting 8.3 percent of the Nation's medical bill in 1948 and 22.6 percent 7 years later. Since 1951 this percentage has increased about 2 points a year; 1955 was no exception.

In the field of hospital care costs the peak year of growth in insurance protection was 1951 (6.9 percentage points); for each of the other years in the series about 2 percentage points of growth have been registered. The rate of expansion in providing protection against the costs of physicians' services was more rapid in the earlier years of the series—with 1951 again a peak year (5.2 percentage points)—but this rate too has leveled off to about 2 percentage points of increase a year.

Since most of the health insurance available today applies to the costs of hospitalization and physicians' services, the measurement of the impact of insurance benefits on the expenditures for these two items provides an index of the value of insurance where it has been most successful. The rise from 15 percent in 1948 to 36 percent (or 39 percent, if the expense to obtain insurance is omitted) is evi-

dence of the spread of voluntary insurance in these two fields.

In recognition of the fact that there are many items included in the Nation's medical care bill that are covered by few forms of health insurance, the present report includes two additional benchmarks, which have been prepared for each year in the series. The first of these—the amount “currently insurable under existing forms of health insurance”—omits the services of dentists, nurses, and other practitioners and nine-tenths of the Nation's expenditures for drugs and appliances. If prepaid dental care expands as much as it has in the past year or two, this benchmark may need revision. Insurance benefits were equivalent to 30-33 percent of this benchmark in 1955, and the index was two and one-half times what it had been in 1948.

The final benchmark provides a hypothetical measure of expenditures that may be considered potentially insurable; in this measure the items of expenditure included are those covered on a prepaid basis by some comprehensive plans and under some forms of insurance company policies—that is, major medical expense policies and comprehensive expense policies. Today all forms of health insurance are, by one or more approaches, meeting only 30 percent of this benchmark of potentially insurable costs.

What of the future? Is voluntary insurance going to continue its net expansion in the protection it provides at the rate of 2 or 3 percentage

points a year, with the remainder of its growth dollarwise absorbed by increases in population and rises in the cost of medical care? Are improvements in benefits, the newer forms of insurance—such as dental care, outpatient services, benefits payable in nursing homes, and the like—and the broader forms of coverage represented by the establishment of health centers and the sale of major medical expense insurance going to close the gap between actual and potential protection more rapidly than has been the case in the past 8 years?

The dollar volume of voluntary health insurance benefits—which rose 16 percent in 1955—must increase about 2 percent each year merely to keep up with population growth. If the costs of medical care continue to rise, the volume must increase even more if the same level of protection previously afforded is to be continued. To cover a greater proportion of the medical care bill than in the immediately preceding year, there must be an increase in the dollar volume of benefits paid over and above these two requirements. The 16-percent increase in 1955 in the dollar volume of health insurance benefits was only sufficient to increase by 1.8 percentage points the coverage of the national medical care bill. More rapid closing of the gap will require that the Nation assign still more of its medical care dollar to the insurance industry in return for prepaid protection for those parts of the medical bill inadequately insured at the present time.

Notes and Brief Reports

Money Income Sources for Persons Aged 65 and Over, June 1956*

By mid-1956, it is estimated, 9 out of 10 aged men in the United States and 2 in 3 of the aged women had some money income from employment, social insurance, and/or a program for veterans. When those re-

ceiving public assistance are taken into account, it appears that substantially all the 6.7 million aged men in the United States and more than four-fifths of the 7.8 million women aged 65 and over had some earnings or money from a public income-maintenance program (table 1). Since women outnumber men in the aged population, with about 116 women to every 100 men, one-tenth of all aged persons were still without income from employment or a pub-

lic income-maintenance program in June 1956.

Almost all the married women had income from one or more of the sources under consideration, either in their own right or as wives of earners or of beneficiaries. Most of those without any money income of the types specified were widowed before their husbands had been able to earn insured status under old-age and survivors insurance; some of them had income from private insurance policies, some were supported by relatives and some were maintained in institutions.

*Prepared by Lenore A. Epstein, Division of Program Research, Office of the Commissioner.

These estimates relate to all aged persons living in the continental United States, Alaska, Hawaii, Puerto Rico, and the Virgin Islands,¹ whereas estimates presented in previous notes and articles in this series related to the continental United States only. Since aged persons in these four Territories and possessions number only about 122,000, the findings on income sources are essentially the same for the total as for the continental United States.² Most of the differences are within the margin of error of the estimates. The number of aged old-age and survivors insurance beneficiaries per 1,000 aged population is slightly higher for the continental United States than for the total, however, and the old-age assistance recipient rate is slightly lower. Puerto Rico and the Virgin Islands, which account for almost three-fourths of the aged population in the four Territories and possessions, were not covered under the Social Security Act until 1950. As a result, many of their men and women who are now aged had no opportunity to qualify for old-age and survivors insurance, and large numbers need assistance.

The broader data used for these reports on money income sources beginning with June 1956 correspond more closely than did those for the continental United States with the summary statistics regularly issued on Social Security Administration program operations. They are still slightly smaller, however, than the totals shown for aged beneficiaries in the program statistics issued regularly. The reasons are that the series used in this note (1) excludes aged beneficiaries living abroad (some 43,000 in June) and wives under age 65

¹ The size and age distribution of the civilian population in the four Territories and possessions are estimated by the Bureau of Public Assistance on the basis of the most recent data available from the Bureau of the Census. It has been assumed for purposes of this analysis that the sex and marital-status distributions of the aged in these areas are the same as shown by the 1950 Census and that changes since 1950 in the relative number of the aged with employment have paralleled those in the continental United States.

² Estimates for the continental United States for June 1956 have also been prepared by the Division of Program Research.

Table 1.—Estimated number of persons aged 65 and over receiving money income from specified sources, by sex, June 1956¹

Source of money income ²	Number of persons (in thousands)			Percentage distribution		
	Total	Men	Women	Total	Men	Women
Total aged 65 and over ³	14,550	6,720	7,830	100.0	100.0	100.0
Employment.....	4,260	2,570	1,690	29.3	38.2	21.6
Earners.....	3,310	2,570	740	22.7	38.2	9.5
Earners' wives not themselves employed.....	950	.....	950	6.5	.....	12.1
Social insurance and related programs ⁴	8,090	4,150	3,940	55.6	61.8	50.3
Old-age and survivors insurance.....	6,600	3,390	3,210	45.4	50.4	41.0
Railroad retirement insurance.....	520	270	250	3.6	4.0	3.2
Government employees' retirement programs.....	480	290	190	3.3	4.3	2.4
Veterans' compensation and pension programs.....	710	450	260	4.9	6.7	3.3
Beneficiaries' wives not in direct receipt of benefits.....	220	.....	220	1.5	.....	2.8
Public assistance ⁵	2,570	1,000	1,570	17.7	14.9	20.1
No money income or income solely from other sources.....	1,520	70	1,450	10.4	1.0	18.5
Income from more than one of specified sources.....	1,890	1,070	820	13.0	15.9	10.5
Employment and social insurance or assistance.....	1,340	760	580	9.2	11.3	7.4
Social insurance and public assistance.....	550	310	240	3.8	4.6	3.1

¹ Persons with income from sources specified may also have received money income from other sources, such as interest, dividends, private pensions or annuities, or cash contributions from relatives.

² The sum of the persons shown under the 4 categories exceeds the number in the population by the estimated number with income from more than 1 of the 3 main sources. The estimates of persons with income from more than 1 source, developed from survey data, are subject to sampling variability (which may be relatively large for the smaller estimates) and to such errors as may result from attempts to adjust for developments since the sample surveys were conducted. They are not entirely consistent with those previously published in the *Bulletin* because of the availability of some new data and slight changes in methodology.

³ Number of aged persons in the continental United States, Alaska, Hawaii, Puerto Rico, and the

(about 60,000 in June) who receive benefits because they have child beneficiaries in their care, and (2) counts only once aged persons receiving a benefit both as a retired worker and as the spouse of a retired worker (54,000, mostly women, in June).³

Benefits under the old-age and survivors insurance program provided a basic resource in June 1956 for about 3.4 million aged men and 3.2 million aged women. In 1956, for the first time, old-age and survivors insurance beneficiaries represented half of all aged men and two-fifths of all aged women in the population. It is noteworthy, also, that at the beginning of the year an additional 1 million aged men and 200,000 aged women were fully insured under the program but not drawing benefits, characteristically because of employ-

³ Beginning December 1955, persons receiving both an old-age benefit and a widow's, widower's, or parent's secondary benefit have been included in the summary program statistics only in the count of old-age beneficiaries.

ment. The number of benefits withheld because of employment has been declining, however, as a result of the liberalized retirement test provisions of the 1954 amendments. In June 1956, for example, benefits were withheld because of employment from only 141,000 male old-age beneficiaries, or less than 4 percent of the number entitled, whereas 2 years earlier about 188,000 benefits, or 7 percent, were suspended because of employment.

Information on the proportion of old-age and survivors insurance beneficiaries who are employed or self-employed in any given month has unfortunately not been collected since the national survey of beneficiaries in 1951. A rough estimate has been developed for mid-1956 from data on the decline in the number with benefits suspended because of employment, from Bureau of the Census reports on changes in the labor-force participation rate, and from data on income sources for aged veterans and their survivors compiled in 1955 for the President's Commission on Vet-

Source: Estimated in the Division of Program Research on the basis of published and unpublished data from the Bureau of the Census and agencies administering income-maintenance programs.

⁴ Persons with income from more than one of the programs listed are counted only once. In addition to the programs shown, unemployment insurance programs provided benefits for some 65,000 men aged 65 and over and 15,000 aged women. Workmen's compensation and temporary disability insurance programs also provided income for some, but information is lacking as to the number. There is no basis for estimating the overlap with other programs.

⁵ Old-age assistance recipients and persons aged 65 and over receiving aid to the blind. Includes some 15,000 persons receiving vendor payments for medical care but no direct cash payment.

erans' Pensions (Staff Report Numbers VIII and X). It appears probable that about one-sixth of the aged men and nearly one-seventh of the aged women receiving payments under one or more of the social insurance or related programs in June 1956 also had some income from employment. The new calculations suggest that estimates of the size of this group at the end of 1955, as previously published, were probably understated by as much as one-fifth and possibly by more.

There is no current estimate of the number of persons receiving benefits under private retirement plans. Available evidence suggests, however, that considerably more than 1 million aged persons (including aged wives of pensioners) were receiving private pension income in mid-1956 and that almost all of them were old-age and survivors insurance beneficiaries. Thus roughly 1 out of every 6 old-age and survivors insurance beneficiaries received benefits under a private retirement plan to supplement his social security check.

Compensation and pension programs administered by the Veterans Administration in June 1956 provided direct benefits for about 450,000 aged men and 250,000 aged widows and dependent mothers of veterans. The wives of veterans, unlike the aged wives of old-age and survivors insurance and railroad retirement beneficiaries, do not receive benefit checks, but veterans receiving compensation for service-connected disabilities receive additional compensation for dependents if the disability is rated 50 percent or more. In this analysis it is assumed that the wives of other married veterans share in their income, as do the nonemployed wives of earners and of retired government employees.

The Railroad Retirement Act and retirement programs for Federal, State, and local government employees each provided direct benefits for roughly half a million aged persons in June 1956. The rate of increase in the number of aged persons receiving benefits under these programs has been much slower than the rate of increase in the number benefiting under the programs for veterans be-

cause of the large number of World War I veterans reaching age 65 each year and the liberal qualifications for receipt of non-service-connected disability pensions when a veteran passes age 65. Between mid-1950 and mid-1956 the number of World War I veterans aged 65 and over in receipt of compensation or pension benefits expanded more than tenfold, from 30,000 to almost 330,000. During the past 2 years, the percentage increase in the number of aged persons receiving veterans' compensation or pension benefits has even outpaced the percentage growth in the number of aged beneficiaries of old-age and survivors insurance.

Of the 1.9 million aged persons who benefited under a program for railroad workers, government employees, or veterans, it is estimated that more than 400,000 were also receiving old-age and survivors insurance benefits in June 1956. The number of aged persons receiving benefits under one or more of the social insurance or veterans' programs therefore totaled about 8.1 million, representing more than three-fifths of the men aged 65 and over and half of the aged women.

Unemployment insurance benefits under State and Federal programs were paid in June to some 80,000 aged persons, of whom about four-fifths were men. Some aged persons also received benefits under temporary disability insurance and workmen's compensation programs, but statistics are not available as to the number, and consequently they cannot be included in table 1. Moreover, information is lacking as to the proportion of beneficiaries under these programs who also had income from other sources.

While the old-age assistance rolls have been dropping fractionally month by month since late 1955, old-age assistance remains an important resource for aged persons, particularly those without insurance rights under old-age and survivors insurance. In mid-1956 about 2,520,000 aged persons received some or all of their income under this Federal-State program, and some 50,000 received payments under other public assistance programs, principally aid to the blind. There has been a steady in-

crease, however, in the proportion of the aged for whom assistance payments are provided as a supplement to old-age and survivors insurance benefits that are at or near the minimum or are insufficient to cover special needs, such as need for medical care. It is estimated that, in June 1956, only 10 percent of all aged men and 17 percent of the aged women in the United States were on the public assistance rolls and did not also receive a social insurance benefit.

The significant gains during recent years in the relative number of aged persons with some money income from employment or a public income-maintenance program are encouraging but should not be misinterpreted as indicating that the income problems of the aged have been resolved. Almost by definition the more than 2.5 million receiving old-age assistance have a marginal level of living. The earnings of many of those with income from employment are relatively small—necessarily so, of course, for those drawing retirement benefits—but others too have low earnings; relatively large numbers are employed in agriculture, and many have part-time or irregular employment. According to the Bureau of the Census survey of the labor force, 26 percent of the aged men and 41 percent of the aged women who were at work in non-agricultural industries during the week of June 10-16, 1956, worked fewer than 35 hours. Although attention here is directed at income sources in 1 month, it is worth noting that many aged persons work only part of the year. Of those who worked at some time during 1955, more than one-fifth of the aged men and more than one-fourth of the aged women reported employment (even part-time) for less than 27 weeks during the year.⁴

Of the aged persons receiving retirement benefits under old-age and survivors insurance in December 1955 (when the average payment was less than 2 percent smaller than the average benefit received in June 1956), one-third, or about 1.5 million, had a monthly benefit of less than \$50, and three-fourths had less than \$80. Of

⁴ Bureau of the Census, *Current Population Reports*, Series P-50, No. 68.

the aged women who received widow's benefits, more than half (some 400,000) received less than \$50, and more than three-fourths less than \$60. Though old-age assistance provided supplementary income for some of those with small benefits, only about 500,000 aged insurance beneficiaries also received an old-age assistance payment. An estimated 200,000 old-age and survivors insurance beneficiaries also received compensation or pension payments under the programs for veterans and their survivors. For non-service-connected disability and death pensions there is an income limitation, but the largest old-age benefit payable under old-age and survivors insurance is less than the allowable income limit. There is no income limitation for service-connected disability compensation and survivor benefits, but relatively few of the veterans entitled to service-connected disability compensation are aged 65 and over.

As noted above, roughly one-sixth of the old-age and survivors insurance beneficiaries had private pension income in mid-1956, but available evidence suggests that persons entitled to benefits under a private retirement plan characteristically receive old-age and survivors insurance benefits that fall in the upper portion of the benefit range. The private plans seldom provide separately for dependents or survivors.

According to the most recent data from the Bureau of the Census on the annual income of persons,⁵ half of all men aged 65 and over who had some money income in 1955 received less than \$1,337 from all sources. The effect of full and partial retirement on size of income is highlighted by the fact that the median income in 1955 of aged men with year-round, full-time employment—comprising barely one-fourth of the aged men with income—was two and one-quarter times as large as the median for all men, or more than \$3,000. For women aged 65 and over, who rarely work full time the year around, the median money income, apart from support provided by their husbands, was only \$700 in 1955. For the pre-

ceding year (the latest for which there are Bureau of the Census data on the incomes of families and unrelated individuals) 55 percent of the families with money income entirely from sources other than earnings reported income of less than \$1,500 and 38 percent reported less than \$1,000.⁶ Of all persons living alone (or with nonrelatives) who had no earnings but had some nonearned income in 1954, half received income of less than \$800. Though these data are for all families and for persons living alone, or with nonrelatives, who had some money income but no earnings in 1954, they are suggestive of the money income position of the retired aged.

⁶ *Current Population Reports*, Series P-60, No. 20 (December 1955).

Family Benefits in Current-Payment Status, June 30, 1956

During the year ended June 30, 1956, the number of families receiv-

ing monthly benefits under old-age and survivors insurance increased more than 620,000. At the close of the fiscal year, monthly benefits were being paid to at least one person in each of 6.2 million families (table 1). Retired-worker families, which made up 77 percent of the total, numbered 4.7 million—about 517,000 more than a year earlier. The number of survivor families increased 103,000 to 1.4 million.

Average family benefits at the end of June 1956 showed moderate increases from the corresponding averages a year earlier, because of (1) the rising proportion of benefits computed on the basis of earnings after 1950 and (2) the increasing number computed under the provisions of the 1954 amendments that permit, in the computation of the average monthly wage, the dropping of up to 5 years of lowest covered earnings and, in addition, any period of total disability.

Payments to retired workers without dependents also receiving benefits averaged \$65.60 for men and \$50.70 for women. The average for

Table 1.—Estimated number of families and beneficiaries in receipt of benefits, and average monthly benefit in current-payment status, by family group, end of June 1956 and 1955

[In thousands, except for average benefits; data corrected to Nov. 8, 1956]

Family classification of beneficiaries	June 30, 1956			June 30, 1955		
	Number of families	Number of beneficiaries	Average monthly amount per family	Number of families	Number of beneficiaries	Average monthly amount per family
Total.....	6,160.2	8,374.5	-----	5,539.7	7,563.5	-----
Retired-worker families.....	4,731.9	6,114.4	-----	4,214.8	5,462.3	-----
Worker only.....	3,460.3	3,460.3	\$60.00	3,067.7	3,067.7	\$58.10
Male.....	2,148.4	2,148.4	65.60	1,962.3	1,962.3	63.50
Female.....	1,311.8	1,311.8	50.70	1,105.4	1,105.4	48.40
Worker and wife aged 65 or over.....	1,182.6	2,365.2	104.80	1,066.4	2,132.8	102.20
Worker and wife under age 65 ¹.....	.3	.6	113.30	.4	.8	102.50
Worker and aged dependent husband.....	10.7	21.4	88.20	9.2	18.5	87.00
Worker and 1 or more children.....	16.6	42.7	101.00	15.8	41.1	98.10
Worker, wife aged 65 or over, and 1 or more children.....	1.3	4.0	132.30	1.2	3.6	123.30
Worker, wife under age 65, and 1 or more children.....	60.1	220.1	121.10	54.0	197.7	117.00
Survivor families.....	1,428.3	2,260.1	-----	1,324.9	2,101.2	-----
Aged widow.....	746.3	746.3	49.00	688.3	688.3	46.60
Aged dependent widower.....	1.1	1.1	48.20	1.2	1.2	40.00
Widowed mother only ¹.....	.8	.8	51.20	1.4	1.4	48.60
Widowed mother and 1 child.....	128.4	256.8	108.50	120.8	241.6	105.10
Widowed mother and 2 children.....	85.7	257.2	137.80	83.6	250.7	132.60
Widowed mother and 3 or more children.....	82.4	389.8	136.40	75.6	356.1	129.90
Divorced wife and 1 or more children.....	.3	.7	135.70	.2	.6	130.00
1 child only.....	217.0	217.0	48.50	200.3	200.3	47.80
2 children.....	90.0	179.9	83.80	80.9	161.9	81.60
3 children.....	31.8	95.3	105.20	29.1	87.2	101.00
4 or more children.....	20.2	89.3	112.20	19.6	86.3	105.60
1 aged dependent parent.....	22.8	22.8	50.50	22.2	22.2	48.10
2 aged dependent parents.....	1.5	2.9	95.30	1.7	3.3	92.90

¹ Benefits of children were being withheld.

⁵ *Current Population Reports*, Series P-60, No. 23 (November 1956).

Table 2.—Estimated number of families and beneficiaries in receipt of benefits and average monthly benefit in current-payment status on June 30, 1956, for selected family groups, by starting date used in benefit computation

[In thousands, except for average benefit; data corrected to Nov. 8, 1956]

Family classification of beneficiaries	Total			Based on earnings after 1936			Based on earnings after 1950			
	Number of families	Number of beneficiaries	Average monthly amount per family	Number of families	Number of beneficiaries	Average monthly amount per family	Number of families	Number of beneficiaries	Average monthly amount per family	Number of families as per cent of all families
Retired-worker families:										
Worker only.....	3,460.3	3,460.3	\$60.00	1,899.9	1,899.9	\$49.60	1,560.4	1,560.4	\$72.60	45
Male.....	2,148.4	2,148.4	65.60	1,174.2	1,174.2	53.50	974.2	974.2	80.20	45
Female.....	1,311.8	1,311.8	50.70	725.7	725.7	43.30	586.2	586.2	59.80	45
Worker and wife aged 65 or over.....	1,182.6	2,365.2	104.80	598.5	1,197.0	87.40	584.1	1,168.2	122.80	49
Worker, wife under age 65, and 1 or more children.....	60.1	220.1	121.10	26.1	97.2	82.50	34.0	122.9	150.40	57
Survivor families:										
Aged widow.....	746.3	746.3	49.00	634.9	634.9	46.60	111.4	111.4	62.70	15
Widowed mother and 1 child.....	128.4	256.8	108.50	74.4	148.9	90.30	54.0	107.9	133.60	42
Widowed mother and 2 children.....	85.7	257.2	137.80	50.4	151.1	103.60	35.4	106.1	176.20	41

families consisting of a retired worker and his aged wife was \$104.80.

Among survivor families, excluding the few (about 1,100) aged-widower families, the average benefits ranged from \$48.50 for one-child families to \$137.80 for families consisting of a widowed mother and two children. The average benefit for aged-widow families was \$49.00, and for families consisting of a widowed mother and one child it was \$108.50.

Families with benefits computed on the basis of earnings after 1950 had considerably higher average benefits than those whose benefits were based on earnings after 1936 (table 2). For retired workers with no dependents, the average benefit when the 1950 "start" was used was \$72.60, but the corresponding average benefit computed on the basis of earnings after 1936 was \$49.60. For families composed of a retired worker and his aged wife, both of whom were receiving benefits, the average when benefits were computed on the basis of earnings after 1950 was \$122.80, compared with \$87.40 for the 1936 start. Families with benefits computed under the 1950 start who were also eligible to drop out years of low earnings had still higher average benefits. The average for retired workers without dependents was \$76.00; for families composed of a retired worker and his aged wife the average was \$127.00. At the end of June 1956, about 45 percent of all retired-worker families had benefits based on earnings after 1950; this proportion is expected to increase, since the 1950 start is used

for about 75 percent of the current old-age awards.

Among survivor families the average benefit computed on the basis of earnings after 1950 was \$62.70 for aged-widow families and \$176.20 for families consisting of a widowed mother and two children; when the families were also eligible for the dropout, the average was \$67.00 for aged-widow families and \$181.00 for families consisting of a widowed mother and two children. About 42 percent of the families consisting of a widowed mother and children had benefits computed under the 1950 start. For aged-widow families, however, only 15 percent of the benefits were computed on that basis. This low percentage resulted partly from the large proportion of these beneficiaries who were widowed before April 1952 and for whom a benefit computation using a 1950 start was therefore impossible. Furthermore, benefits now payable to a great many women who were widowed after March 1952 were based on earnings after 1936 because their deceased husbands, as a result of their advanced age, generally had had little or no earnings after 1950.

Workmen's Compensation Payments and Costs, 1955*

A total of \$920 million in payments for wage loss and medical benefits

* Prepared in the Division of Program Research by Dorothy McCamman, with the assistance of Thomas Karter.

was spent under workmen's compensation programs in 1955. The rise of 4.8 percent from the total of \$878 million in 1954 represents a slight acceleration in the rate of increase but does not approach the percentage gains in the years before 1954.

Work injuries too increased in 1955, according to estimates of the Bureau of Labor Statistics. The 1955 total of disabling injuries, though 4 percent higher than in 1954 when a safety record had been set, was nevertheless well below that of any other year since 1949. Indications are that most of the rise in work accidents in 1955 was caused by the increase in exposure to industrial hazards resulting from expanded employment and longer hours of work.

Expanded employment is apparent also in the estimates of the coverage of workmen's compensation programs. The number of covered workers in an average week of 1955 is estimated at 39-40 million, roughly 1 million more than in the preceding year. Payrolls covered by workmen's compensation programs rose 8.5 percent to \$158.4 billion.

Despite higher payrolls in 1955 than in 1954, employers spent only about the same dollar amount to insure or self-insure their risks under workmen's compensation programs. The estimate of \$1.5 billion for 1955—still 1.0 percent of covered payroll—consists of (1) \$1,077 million in premiums paid to private carriers; (2) \$315 million in premiums paid to State funds (for the program for Federal employees, which is financed

through congressional appropriations, these "premiums" are the sum of the benefit payments and the cost of the administrative agency; and (3) almost \$130 million as the costs of self-insurance (benefits paid by self-

insurers, increased 5-10 percent to allow for their administrative costs).

The benefit payments of \$920 million represented 60 percent of the aggregate of \$1.5 billion in premiums. The preceding year's ratio had been

59 percent. This slight change followed closely the change in the loss ratio for private carriers, from 51 percent in 1954 to 52 percent in 1955.

Of the total payments of \$920 million, private carriers were responsible for 61 percent, State funds for 26 percent, and self-insurers for 13 percent. Again this year, total State fund disbursements increased at a faster rate than private carrier payments—7.1 percent and 4.0 percent, respectively. This is in part a reflection of the 11-percent rise in payments under the program for Federal Government employees, classified with the State funds; the increase for other State funds was nevertheless as much as 6.3 percent. The unevenness in the rate of change from State to State may be seen in the accompanying table.

Medical and hospital benefits probably account for as much as \$330 million of the total of \$920 million. This component is estimated to be increasing at a faster rate than cash compensation. The estimated distributions by type of payment are shown below; data for 1955 are preliminary, and those for 1954 have been revised.

Estimates of workmen's compensation payments, by State and type of insurance, 1955 and 1954¹

[In thousands]

State	1955				1954				Percentage change in total payments, 1955 from 1954
	Total	Insurance losses paid by private insurance carriers ²	State fund disbursements ³	Self-insurance payments ⁴	Total	Insurance losses paid by private insurance carriers ²	State fund disbursements ³	Self-insurance payments ⁴	
Total.....	\$919,567	\$562,155	\$238,605	\$118,807	\$878,187	\$540,558	\$222,701	\$114,928	+4.7
Alabama.....	4,268	3,418	—	850	3,909	3,129	—	780	+9.2
Arizona.....	7,214	164	6,870	180	6,462	152	6,120	190	+11.6
Arkansas.....	5,156	4,226	—	930	4,757	3,897	—	860	+8.4
California.....	86,794	59,111	20,373	7,310	82,357	56,045	19,355	6,957	+5.4
Colorado.....	6,377	1,839	4,073	465	6,218	2,051	3,717	450	+2.6
Connecticut.....	15,938	14,343	—	1,595	14,519	13,069	—	1,450	+9.8
Delaware.....	1,209	969	—	240	1,117	892	—	225	+8.2
District of Columbia.....	2,550	2,360	—	190	2,603	2,428	—	175	-2.0
Florida.....	18,011	16,511	—	1,500	15,782	14,552	—	1,230	+14.1
Georgia.....	8,007	6,507	—	1,500	7,190	5,845	—	1,345	+11.4
Idaho.....	3,567	2,401	736	430	3,140	2,070	700	370	+13.6
Illinois.....	45,688	37,060	—	8,628	45,665	36,725	—	8,940	+1.1
Indiana.....	13,064	11,129	—	1,935	14,024	11,944	—	2,080	-6.8
Iowa.....	6,707	5,367	—	1,340	6,419	5,139	—	1,280	+4.5
Kansas.....	8,176	6,541	—	1,635	7,403	5,923	—	1,480	+10.4
Kentucky.....	9,749	6,379	—	3,370	9,257	6,057	—	3,200	+5.3
Louisiana.....	19,573	16,588	—	2,985	18,664	15,814	—	2,850	+4.9
Maine.....	2,387	2,077	—	310	2,125	1,845	—	280	+12.3
Maryland.....	12,098	9,048	1,450	1,600	11,524	8,614	1,350	1,560	+5.0
Massachusetts.....	33,361	30,891	—	2,470	33,150	30,690	—	2,460	+6.6
Michigan.....	30,974	19,938	2,061	8,975	28,230	18,574	1,826	7,830	+9.7
Minnesota.....	14,949	12,399	—	2,550	13,969	11,569	—	2,400	+7.0
Mississippi.....	4,739	4,234	—	505	4,032	3,692	—	340	+17.5
Missouri.....	17,573	14,173	—	3,400	16,782	13,532	—	3,250	+4.7
Montana.....	4,238	1,359	2,223	656	3,853	1,196	1,976	681	+10.0
Nebraska.....	3,600	3,460	—	140	3,303	3,168	—	135	+9.0
Nevada.....	3,616	2	3,444	170	3,274	2	3,117	155	+10.4
New Hampshire.....	2,386	2,341	—	45	2,246	2,206	—	40	+6.2
New Jersey.....	43,795	38,085	—	5,710	41,986	36,506	—	5,480	+4.3
New Mexico.....	4,812	4,457	—	355	4,707	4,357	—	350	+2.2
New York.....	149,995	89,973	35,742	24,280	147,953	90,384	33,619	23,950	+1.4
North Carolina.....	9,776	8,276	—	1,500	9,076	7,676	—	1,400	+7.7
North Dakota.....	1,895	5	1,890	—	1,528	2	1,526	—	+24.0
Ohio.....	69,248	117	60,111	9,020	63,365	115	55,000	8,250	+9.3
Oklahoma.....	13,456	10,369	1,697	1,390	12,024	9,358	1,416	1,250	+11.9
Oregon.....	15,721	1,443	14,278	—	14,779	1,787	12,992	—	+6.4
Pennsylvania.....	37,464	23,262	3,162	11,040	37,316	22,552	2,914	11,850	+1.4
Rhode Island.....	5,926	5,626	—	300	5,840	5,545	—	295	+1.5
South Carolina.....	5,239	4,219	—	1,020	5,103	4,103	—	1,000	+2.7
South Dakota.....	1,120	935	—	185	1,134	944	—	190	-1.2
Tennessee.....	9,529	7,719	—	1,810	8,911	7,151	—	1,760	+6.9
Texas.....	50,027	50,027	—	—	47,271	47,271	—	—	+5.8
Utah.....	2,470	907	1,153	410	2,448	942	1,106	400	+1.9
Vermont.....	1,200	1,090	—	110	1,236	1,121	—	115	-2.9
Virginia.....	8,169	6,669	—	1,500	7,703	6,163	—	1,540	+6.0
Washington.....	18,954	388	18,116	450	20,294	344	19,500	450	-6.6
West Virginia.....	12,372	57	11,502	813	12,305	29	11,461	815	+1.5
Wisconsin.....	16,697	13,687	—	3,010	16,219	13,379	—	2,840	+2.9
Wyoming.....	1,409	9	1,400	—	1,323	9	1,314	—	+6.5
Federal employees ⁵	48,324	—	48,324	—	43,692	—	43,692	—	+10.6

¹ Data for 1955 preliminary. Calendar-year figures except that for Montana and West Virginia, for Federal employees, and for State fund disbursements in Idaho, Maryland, Nevada, North Dakota, Oregon, and Utah, data for fiscal year ended in 1954 and 1955 were used. Includes benefit payments under the Longshoremen's and Harbor Workers' Compensation Act and the Defense Base Compensation Act for the States in which such payments are made.

² Net cash and medical benefits paid by private insurance carriers under standard workmen's compensation policies. Data primarily from the *Spectator: Insurance by States of Fire, Marine, Casualty, Surety and Miscellaneous Lines*, 83d and 84th annual issues.

³ Net cash and medical benefits paid by State funds; compiled from State reports (published and unpublished) and from the *Spectator*; estimated for some States.

⁴ Cash and medical benefits paid by self-insurers, plus the value of medical benefits paid by employers carrying workmen's compensation policies that do not include the standard medical coverage. Estimated from available State data.

⁵ Includes compensation payments made to individuals under the War Claims Act, to dependents of reservists who died while on active duty with the Armed Forces, and to war-risk and enemy-action cases.

[In millions]

Type of payment	1955	1954
Total.....	\$920	\$878
Medical and hospitalization.....	330	310
Compensation, total.....	590	568
Disability.....	520	498
Survivor.....	70	70

Aged Beneficiaries of OASI

Data on the number and monthly amount of benefits payable under the old-age and survivors insurance program, by type of benefit, are released each month; similar data, by beneficiary's State of residence, are released semiannually. These data are obtained as a byproduct of the regular benefit-payment operations, and their makeup depends upon operational procedures.

The number of persons aged 65 or over receiving old-age and survivors insurance monthly benefits can be closely approximated by combining

Social Security

the numbers of old-age, wife's, husband's, widow's, widower's, and parent's benefits in current-payment status. This method results in a slight overstatement in the number of aged beneficiaries, arising from (1) the inclusion of wife beneficiaries under age 65 with child beneficiaries in their care and (2) counting twice some persons receiving both old-age benefits and secondary life or survivor (wife's, husband's, widow's, widower's, or parent's) benefits.

Monthly benefits for wives (under age 65) of old-age beneficiaries with child beneficiaries in their care were first payable for September 1950, and for benefit-payment purposes such wife beneficiaries are combined with wife or husband beneficiaries aged 65 or over. The number of these younger wife beneficiaries has grown from less than 9,000 at the end of 1950 to more than 60,000 on June 30, 1956.

Persons receiving old-age benefits may also be eligible to receive secondary life or survivor benefits. If the secondary benefit is larger, both types of benefit are payable, but the secondary benefit is reduced by the amount of the concurrent old-age benefit. Because of changes in benefit-payment procedures, these dual-entitlement cases have been reported in published data on monthly benefits in current-payment status in varying ways.

From 1940 through 1948, a person receiving both old-age and secondary monthly benefits received two checks each month and was represented twice—under old-age benefits and under the appropriate secondary benefit for the reduced benefit. Beginning in 1949, a person whose secondary benefit was reduced to 99 cents or less received only one check each month for the combined amount and was represented only once—under old-age benefits. A person whose secondary benefit was reduced to \$1.00 or more continued, until the end of 1954, to receive two checks each month and to be represented twice.

Beginning January 1955, a person with a benefit currently awarded, reinstated, or adjusted, who thereafter was receiving both an old-age and a widow's, widower's, or parent's bene-

Table 1.—Number of persons aged 65 or over receiving monthly OASI benefits at the end of June and December, 1940–56

[In thousands; partly estimated]

Year	Total number				Beneficiaries living in the continental United States and Territories ¹	
	June 30		December 31		June 30, adjusted ²	Dec. 31, adjusted ²
	Unadjusted ²	Adjusted ²	Unadjusted ²	Adjusted ²		
1940.....	66	66	147	147	66	147
1941.....	216	216	274	274	216	274
1942.....	330	330	368	368	330	368
1943.....	410	410	448	448	410	448
1944.....	505	504	567	566	504	566
1945.....	650	649	777	776	649	776
1946.....	942	940	1,051	1,049	940	1,048
1947.....	1,198	1,196	1,318	1,316	1,193	1,312
1948.....	1,465	1,462	1,591	1,588	1,457	1,582
1949.....	1,790	1,787	1,951	1,947	1,779	1,939
1950.....	2,108	2,104	2,608	2,584	2,095	2,573
1951.....	3,054	3,007	3,329	3,273	2,994	3,257
1952.....	3,483	3,421	3,858	3,789	3,403	3,768
1953.....	4,326	4,243	4,674	4,579	4,218	4,552
1954.....	5,089	4,982	5,454	5,328	4,950	5,294
1955.....	6,061	5,922	6,392	6,286	5,887	6,246
1956.....	6,760	6,646	-----	-----	6,603	-----

¹ Alaska, Hawaii, Puerto Rico, and the Virgin Islands.

² Represents the combined number of old-age, wife's, husband's, widow's, widower's, and parent's benefits.

³ Adjusted to exclude (1) wives under age 65 with child beneficiaries in their care and (2) duplication stemming from dual entitlement to old-age and secondary benefits.

fit, regardless of the amount of the reduced secondary benefit, received only one check each month for the combined amount and was represented only once—under old-age benefits. By December 1955 the benefits for all such cases existing at the end of 1954 had been combined, and all persons receiving both an old-age benefit and a reduced secondary survivor benefit were represented only once—under old-age benefits for the combined amount. A person receiving both an old-age benefit and a reduced secondary life (wife's or husband's) benefit of \$1.00 or more continued to be represented twice—under old-age benefits and under the appropriate secondary life benefit.

The extent of overstatement caused by dual entitlement was minor—less than 5,000—before the 1950 amendments were enacted. The liberalized insured-status provision in those amendments made it possible, however, for many persons eligible for wife's, widow's, or parent's benefits to qualify for old-age benefits on the basis of covered employment of relatively short duration.

Duplication increased steadily thereafter to nearly 85,000 by mid-1955 but dropped to about 48,000 by the end of 1955 because of the change

in procedure for paying survivor benefits in cases of dual entitlement. In June 1956 the duplication was about 54,000.

The total overstatement in the unadjusted number of beneficiaries aged 65 or over, determined by combining the numbers of old-age, wife's, husband's, widow's, widower's, and parent's benefits in current-payment status, was less than 5,000 before 1950 but had reached a high of nearly 140,000 in June 1955. In June 1956 the overstatement was about 114,000.

Table 1 shows (1) the unadjusted numbers of persons aged 65 or over receiving old-age and survivors insurance monthly benefits at the end of each 6-month period, 1940–56, and (2) adjusted figures—in which the overstatement has been eliminated—for both the total number of beneficiaries and the number excluding those living abroad.

Beginning September 14, 1956, benefit-payment procedures were further changed. A person with a benefit currently awarded, reinstated, or adjusted, who thereafter is to receive both an old-age and a wife's or husband's benefit, regardless of the amount of the reduced secondary

(Continued on page 31)

Current Operating Statistics

Table 1.—Selected social insurance and related programs, by specified period, 1940–56
[In thousands; data corrected to Nov. 2, 1956]

Year and month	Total	Retirement, disability, and survivor programs										Unemployment insurance programs			
		Monthly retirement and disability benefits ¹				Survivor benefits						Temporary disability benefits under Railroad Unemployment Insurance Act ⁶	State laws ¹⁰	Veterans' legis-lation ¹¹	Rail-road Unem-ploy-ment Insurance Act ⁹
						Monthly				Lump-sum ⁷					
		Social Secu-rity Act	Rail-road Retirement Act	Civil Ser-vice Com-mis-sion ²	Veter-ans Ad-minis-tration ³	Social Secu-rity Act ⁴	Rail-road Retirement Act ⁵	Civil Service Com-mis-sion ²	Veter-ans Ad-minis-tration ³	Social Secu-rity Act	Other ⁸				
Number of beneficiaries															
1955															
September		5,646.3	419.7	229.8	2,688.6	2,150.0	198.8	71.9	1,155.8	48.0	12.0	36.8	763.2	61.8	29.6
October		5,703.9	422.0	231.3	2,695.2	2,151.6	202.1	73.1	(12)	48.3	12.2	33.8	672.4	42.2	27.3
November		5,747.6	424.5	231.8	2,700.8	2,154.3	204.6	73.5	(12)	46.1	12.4	37.5	685.3	39.6	33.6
December		5,788.1	426.7	233.9	2,706.6	2,172.5	206.4	74.3	1,155.6	46.7	12.2	35.7	860.8	30.9	48.0
1956															
January		5,817.6	426.8	237.2	2,711.8	2,186.3	207.1	75.3	(12)	46.6	11.9	38.4	1,200.0	66.0	58.1
February		5,872.2	428.9	239.3	2,704.4	2,197.6	208.0	76.0	(12)	41.8	12.2	29.3	1,309.2	73.5	59.7
March		5,939.0	431.8	240.5	2,715.9	2,210.7	208.4	77.0	1,165.5	46.8	12.3	27.0	1,312.6	72.2	56.8
April		6,007.9	434.2	241.4	2,724.9	2,227.7	208.5	77.7	(12)	52.2	12.3	25.3	1,219.5	59.2	44.1
May		6,070.7	436.9	243.1	2,732.8	2,244.6	209.6	78.4	(12)	53.7	12.7	24.9	1,064.4	44.4	30.9
June		6,114.4	437.2	244.6	2,738.5	2,260.1	211.0	80.7	1,175.8	49.3	12.2	22.4	1,072.1	45.6	23.0
July		6,177.2	437.3	244.6	2,743.9	2,274.0	212.1	80.9	(12)	48.3	12.0	24.4	975.6	47.9	38.4
August		6,275.5	439.1	248.8	2,749.6	2,290.9	212.8	81.5	(12)	50.6	12.3	34.6	931.8	52.1	78.0
September		6,345.5	440.9	249.4	2,752.8	2,302.3	213.8	82.1	(12)	43.3	11.4	33.0	888.9	47.7	43.6
Amount of benefits ¹²															
1940	\$1,183,462	\$17,150	\$114,166	\$62,019	\$317,851	\$6,371	\$1,448	\$105,696	\$11,833	\$12,267		\$518,700		\$15,961	
1941	1,079,648	51,169	119,912	64,933	320,561	23,644	1,559	111,799	13,270	13,943		344,321		14,537	
1942	1,124,351	76,147	122,906	68,115	325,265	39,523	1,603	111,193	15,005	14,342		344,084		6,268	
1943	911,696	92,943	125,795	72,961	331,350	55,152	1,704	116,133	17,843	17,255		79,643		917	
1944	1,104,638	113,487	129,707	77,193	456,279	73,451	1,765	144,302	22,034	19,238		62,385	\$4,215	582	
1945	2,047,025	148,107	137,140	83,874	697,930	99,651	1,772	254,238	26,127	23,431		445,866	126,630	2,359	
1946	5,135,413	222,320	149,188	94,585	1,268,984	127,933	1,817	333,640	27,851	30,610		1,094,850	1,743,718	39,917	
1947	4,658,540	287,554	177,053	106,876	1,676,029	149,179	19,283	382,515	29,460	33,115	\$11,368	776,165	970,542	39,401	
1948	4,454,705	352,022	208,642	132,852	1,711,182	171,837	36,011	\$918	413,912	32,315	32,140	30,843	793,265	510,167	28,599
1949	5,613,188	437,420	240,893	158,973	1,692,215	196,586	39,257	4,317	477,406	33,158	31,771	30,103	1,737,279	430,194	103,596
1950	5,196,761	651,409	254,240	175,787	1,732,208	276,945	43,884	8,409	491,579	32,740	33,578	28,099	1,373,426	34,653	59,804
1951	5,503,855	1,321,061	268,733	196,529	1,647,938	506,803	49,527	14,014	519,398	37,337	33,356	26,297	840,411	2,234	21,717
1952	6,285,237	1,539,327	361,200	225,120	1,722,225	591,504	74,085	19,986	572,983	63,298	37,251	34,689	998,237	3,539	41,793
1953	7,353,396	2,175,311	374,112	269,300	1,840,437	743,536	83,319	27,325	613,475	87,451	43,377	45,150	962,221	41,698	46,684
1954	9,455,374	2,697,982	428,900	298,126	1,921,380	879,952	93,201	32,530	628,801	92,229	41,480	49,173	2,026,866	107,666	157,088
1955	10,275,552	3,747,742	438,970	335,876	2,057,515	1,107,541	121,847	39,362	688,426	112,871	42,233	51,945	1,350,268	87,672	93,284
1956															
September	817,082	308,860	36,521	27,767	171,495	90,344	8,827	3,283	57,789	9,612	3,357	5,064	83,169	6,528	3,466
October	811,776	312,861	36,729	30,832	173,660	91,099	10,000	3,703	57,310	9,719	3,398	4,803	70,091	4,243	3,328
November	820,709	316,057	36,953	31,135	173,019	91,805	10,146	3,759	57,099	9,304	3,525	5,184	74,674	4,132	3,917
December	849,375	318,812	37,151	31,458	173,814	92,801	10,251	3,785	57,361	9,387	3,402	4,979	95,153	5,230	5,791
1956															
January	897,436	321,075	37,191	32,594	173,648	93,595	10,306	3,858	57,762	9,375	3,548	4,871	135,725	6,726	7,162
February	907,673	325,167	37,423	32,593	172,628	94,263	10,367	3,928	57,510	8,439	3,540	3,729	143,923	7,051	7,112
March	924,543	329,941	37,737	32,546	173,801	95,035	10,407	3,960	57,902	9,411	3,698	3,691	151,998	7,274	7,242
April	912,679	334,668	37,980	32,685	175,973	96,007	10,437	4,029	58,560	10,484	3,758	3,308	133,926	5,723	5,141
May	909,100	338,759	38,232	32,836	176,656	96,984	10,518	4,094	58,870	10,609	4,054	3,404	125,786	4,694	5,604
June	897,302	341,549	38,287	33,108	174,292	97,875	10,608	4,123	58,082	9,798	3,515	3,002	116,040	4,452	2,571
July	901,858	345,879	38,319	33,786	175,082	98,741	10,683	4,157	58,173	9,583	3,494	3,138	111,708	4,970	4,145
August	921,519	352,610	38,531	33,747	176,638	99,736	10,741	4,202	58,690	10,081	3,645	4,859	112,207	5,630	10,201
September	902,032	357,049	41,971	33,536	174,513	100,445	11,143	4,242	57,984	8,618	2,920	4,632	94,919	4,499	5,561

¹ Under the Social Security Act, retirement benefits—old-age, wife's, and husband's benefits, and benefits to children of old-age beneficiaries—partly estimated. Under the other 3 systems, benefits for age and disability; beginning December 1951, spouse's annuities under the Railroad Retirement Act. September 1956 data for amount of benefits under the railroad program estimated.

² Data for civil-service retirement and disability fund; excludes noncontributory payments made under the Panama Canal Construction Annuity Act. Through June 1948, retirement and disability benefits include payments to survivors under joint and survivor elections.

³ Pensions and compensation, and subsistence payments to disabled veterans undergoing training; beginning July 1955, payments on estimated basis and adjusted quarterly.

⁴ Mother's, widow's, widower's, parent's, and child's benefits; partly estimated.

⁵ Annuities to widows under joint and survivor elections and, beginning February 1947, survivor benefits—widow's, widower's (first paid December 1951), widow's current, parent's, and child's benefits. September 1956 data for amount of benefits estimated.

⁶ Payments to widows, parents, and children of deceased veterans; beginning 1955, data for beneficiaries shown as of end of quarter; beginning July 1955, payments on estimated basis and adjusted quarterly.

⁷ Number of decedents on whose account lump-sum payments were made.

⁸ Payments under the Railroad Retirement Act and Federal civil-service and veterans' programs; beginning July 1955, data for veterans estimated.

⁹ Represents average number of beneficiaries in a 14-day registration period; temporary disability benefits first payable July 1947.

¹⁰ Represents average weekly number of beneficiaries; beginning January 1955 includes data for payments to unemployed Federal workers made by the States as agents of the Federal Government.

¹¹ Beginning September 1944, under the Servicemen's Readjustment Act, readjustment allowances to unemployed and self-employed veterans of World War II. Beginning November 1952, under the Veterans' Readjustment Assistance Act, unemployment compensation benefits to veterans with military service since June 1950. Number represents average weekly claims paid.

¹² Not available.

¹³ Payments: under the Social Security Act annual data represent Treasury disbursements and under the Railroad Retirement Act, amounts certified (for both programs monthly data for monthly benefits represent benefits in current-payment status); under the Railroad Unemployment Insurance Act, amounts certified; for Veterans Administration programs, except the readjustment allowance program, disbursements; under the State unemployment insurance laws, the Servicemen's Readjustment Act, and the Veterans' Readjustment Assistance Act, checks issued; for civil-service programs, disbursements through June 1949 and authorizations beginning July 1949. Adjusted on annual basis except for civil-service data and payments under the Railroad Unemployment Insurance Act, which are adjusted monthly.

Source: Based on reports of administrative agencies.

Table 2.—Estimated payrolls in employment covered by selected programs in relation to civilian wages and salaries, by specified period, 1940–56¹

[Amounts in millions; corrected to Nov. 9, 1956]

Period	Wage and salary disbursements ²		Payrolls ³ covered by—					
	Total	Civilian	Old-age and survivors insurance ⁴		State unemployment insurance		Railroad retirement and unemployment insurance ⁵	
			Amount	Percent of civilian wages and salaries	Amount	Percent of civilian wages and salaries	Amount	Percent of civilian wages and salaries
Calendar year:								
1940.....	\$49,818	\$49,255	\$35,560	72.2	\$32,352	65.7	\$2,280	4.6
1941.....	62,086	60,220	45,286	75.2	41,985	69.7	2,697	4.5
1942.....	82,109	75,941	57,950	76.3	54,548	71.8	3,394	4.5
1943.....	105,619	91,486	69,379	75.8	65,871	72.0	4,100	4.5
1944.....	117,016	96,983	73,060	75.3	68,886	71.0	4,523	4.7
1945.....	117,563	95,744	71,317	74.5	66,411	69.4	4,530	4.7
1946.....	111,866	104,048	79,003	75.9	73,145	70.3	4,883	4.7
1947.....	122,843	118,775	92,088	77.5	86,234	72.6	5,113	4.3
1948.....	135,142	131,172	101,892	77.7	95,731	73.0	5,539	4.2
1949.....	134,379	130,131	99,645	76.6	93,520	71.9	5,133	3.9
1950.....	146,526	141,527	109,439	77.3	102,835	72.7	5,327	3.8
1951.....	170,776	162,136	131,000	80.8	118,243	72.9	6,101	3.8
1952.....	184,947	174,507	143,000	81.9	127,320	73.0	6,185	3.5
1953.....	197,363	186,950	155,000	82.9	138,657	74.2	6,147	3.3
1954.....	195,528	185,577	154,000	83.0	136,594	73.6	5,630	3.0
1955.....	210,354	200,576	169,000	84.3	148,144	73.9	5,794	2.9
1955								
January–March.....	49,574	47,156	38,000	80.6	33,869	71.8	1,341	2.8
April–June.....	51,787	49,297	40,000	81.1	36,182	73.4	1,417	2.9
July–September.....	53,600	51,157	43,000	84.1	37,816	73.9	1,517	3.0
October–December.....	55,393	52,966	45,000	85.0	40,277	76.0	1,519	2.9
1956								
January–March.....	54,078	51,676	42,000	81.3	38,715	74.9	1,525	3.0

¹ Continental United States, except as otherwise noted. Earnings and payroll data are before deduction of social insurance contributions. Data for 1953–56 preliminary.

² Wages and salaries paid in cash and in kind in continental United States and, in addition, pay of Federal personnel in all areas. Quarterly data reflect prorating of bonus payments.

³ Taxable plus estimated nontaxable wages paid in specified periods.

⁴ Excludes earnings of self-employed persons, who have been covered since Jan.

1, 1951. Beginning 1955, quarterly data exclude wages and salaries of agricultural labor, now reported only on annual basis.

⁵ Includes a small amount of taxable wages for Alaska and Hawaii. Beginning 1947, includes temporary disability insurance.

Source: Data on wage and salary disbursements from Office of Business Economics, Department of Commerce; payrolls covered by selected programs from reports of administrative agencies.

Recent Publications*

Social Security Administration

CHILDREN'S BUREAU. *Your Child from One to Six*. (Publication No. 30, rev.) Washington: U. S. Govt. Print. Off., 1956. 110 pp. 20 cents.

General

DUNCAN, OTIS DUDLEY, and REISS, ALBERT J., JR. *Social Characteristics of Urban and Rural Communities, 1950*. (Census Monograph Series.) New York: John Wiley & Sons, Inc., 1956. 421 pp. \$6.50.

* Prepared in the Library, Department of Health, Education, and Welfare. Orders for items listed should be directed to publishers and booksellers; Federal publications for which prices are listed should be ordered from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.

An analysis under four major headings — size, spatial organization, growth and decline, and functional specialization.

GREAT BRITAIN. MINISTRY OF LABOUR AND NATIONAL SERVICE. *Report . . . for 1955*. (Cmd. 9791.) London: H. M. Stationery Office, 1956. 159 pp. 6s.

GROSS, IRMA H., editor. *Potentialities of Women in the Middle Years*. East Lansing: Michigan State University Press, 1956. 198 pp. \$3.

A symposium conducted by the School of Home Economics of Michigan State University.

INTERNATIONAL LABOR OFFICE. *Social Aspects of European Economic Co-operation*. (Studies and Reports, New Series, No. 40.) Geneva: The Office, 1956. 179 pp. \$1.50.

ITALY. ISTITUTO NAZIONALE PER L'ASSICURAZIONE CONTRO GLI INFORTUNI SUL LAVORO. *Statistical In-*

formation, 1950–1951. Rome: The Institute, 1955. 82 pp. and 204 tables.

General developments in Italian work accident insurance, with tables on accident and related economic data. Covers both industry and agriculture.

JAPAN. MINISTRY OF LABOR. *Japan Labor Year Book for 1954*. Tokyo: The Ministry, 1955. 114 pp.

Information on labor standards, workmen's compensation, unemployment insurance, vocational training, and employment exchange service.

U. S. LIBRARY OF CONGRESS. LEGISLATIVE REFERENCE SERVICE. *Old-Age, Survivors, and Disability Insurance and Public Assistance, Showing Changes Made by the Social Security Amendments of 1956 (Public Law 880—84th Congress)*. Wash-

(Continued on page 24)

Table 3.—Contributions and taxes collected under selected social insurance and related programs, by specified period, 1954-56

[In thousands]

Period	Retirement, disability, and survivor insurance			Unemployment insurance		
	Federal insurance contributions ¹	Federal civil-service contributions ²	Taxes on carriers and their employees	State unemployment insurance contributions ³	Federal unemployment taxes ⁴	Railroad unemployment insurance contributions ⁵
Fiscal year:						
1954-55 ⁶	\$5,087,154	\$469,856	\$600,106	\$1,142,009	\$279,986	\$23,720
1955-56 ⁷	6,442,326	808,079	634,320	1,328,722	324,654	34,043
3 months ended:						
September 1954	1,207,380	133,757	142,721	325,670	20,344	5,830
September 1955	1,659,976	373,733	160,229	365,701	18,917	6,073
September 1956 ⁷	(⁸)	671,417	158,233	454,605	3,083	19,050
1955						
September	519,117	42,754	50,775	7,065	770	2,399
October	221,517	47,817	18,031	87,766	3,855	204
November	704,700	48,721	84,769	184,576	14,014	2,038
December	340,055	47,326	54,601	12,346	1,156	4,142
1956						
January	186,056	52,318	17,300	71,035	31,850	102
February	661,916	31,404	85,058	130,219	241,146	1,872
March	520,119	59,257	53,870	9,312	5,880	4,126
April	598,353	49,098	15,267	138,956	4,045	596
May	997,587	53,424	91,356	316,671	2,499	12,193
June ⁷	552,047	44,982	53,748	12,140	1,291	2,698
July ⁷	351,031	⁹ 560,769	23,376	148,138	1,719	434
August ⁷	818,805	60,562	81,404	295,588	742	9,833
September ⁷	(⁸)	49,785	53,453	10,879	621	8,783

¹ Represents contributions of employees and employers in employments covered by old-age and survivors insurance (beginning December 1952, adjusted for employee-tax refunds); from May 1951, includes deposits in the trust fund for States under voluntary coverage agreements; beginning January 1951, on an estimated basis.

² Represents employee and Government contributions to the civil-service retirement and disability fund; Government contributions are made in 1 month for the entire fiscal year.

³ Represents deposits in State clearing accounts of contributions plus penalties and interest collected from employers and, in 3 jurisdictions, contributions from employees; excludes contributions collected for deposit in State sickness

insurance funds. Data reported by State agencies.

⁴ Represents taxes paid by employers under the Federal Unemployment Tax Act.

⁵ Beginning 1947, also covers temporary disability insurance.

⁶ Except for State unemployment insurance contributions, as shown in the *Final Statement of Receipts and Expenditures of the U. S. Government*.

⁷ Preliminary.

⁸ Not available.

⁹ Includes contributions from the Federal Government.

Source: *Monthly Statement of the U. S. Treasury*, and other Treasury reports, unless otherwise noted.

Table 4.—Status of the unemployment trust fund, by specified period, 1936-56¹

[In thousands]

Period	Total assets at end of period ²	Net total of U.S. Government securities acquired ³	Cash balance at end of period	State accounts				Railroad unemployment insurance account ⁴			
				Deposits	Interest earned	Withdrawals ⁵	Balance at end of period	Deposits	Interest earned	Withdrawals	Balance at end of period ⁶
Cumulative, January 1936-September 1956	\$8,982,117	\$8,918,460	\$3,582	\$22,035,791	\$2,327,950	\$15,914,427	\$8,449,314	\$1,230,345	\$206,165	\$1,104,982	\$331,528
Calendar year:											
1954	8,749,444	-805,076	4,486	1,135,261	198,602	2,032,194	8,193,272	17,287	13,692	204,078	491,848
1955	8,764,415	13,614	4,692	1,214,977	184,974	1,351,551	8,241,672	16,446	9,539	145,675	372,157
Fiscal year:											
1954-55	8,458,800	-545,162	10,514	1,146,188	186,874	1,759,544	7,982,797	15,881	11,277	202,648	410,939
1955-56 ⁷	8,794,426	257,674	88,292	1,333,147	186,907	1,286,964	8,215,887	31,233	8,491	105,510	345,153
1955											
July-September	8,682,085	180,756	3,376	365,906	46,373	257,304	8,137,772	3,851	2,311	22,500	394,601
October-December	8,764,415	128,980	4,692	284,401	46,928	227,429	8,241,672	3,831	2,190	28,465	372,157
1956											
January-March	8,560,798	-250,000	4,113	210,131	46,882	433,468	8,065,216	3,784	2,047	33,875	344,114
April-June	8,794,426	197,938	⁸ 88,292	472,710	46,724	368,763	8,215,887	19,708	1,942	20,670	345,153
July-September ⁹	8,982,117	216,980	3,582	490,906	52,627	310,105	8,449,314	16,767	2,113	32,505	331,528

¹ Data for years before 1949 not strictly comparable with data for later years because of differences in accounting methods in source materials used.

² Beginning December 1954, includes assets of the Federal unemployment account, under the Employment Security Administrative Financing Act of 1954.

³ Includes accrued interest and repayments on account of interest on bonds at time of purchase; minus figures represent primarily net total of securities redeemed.

⁴ Includes transfers from State accounts to railroad unemployment insurance account amounting to \$107,161,000.

⁵ Includes withdrawals of \$79,169,000 for disability insurance benefits.

⁶ Beginning July 1947, includes temporary disability program.

⁷ Includes transfers to the account from railroad unemployment insurance administration fund amounting to \$97,646,000 and transfers of \$12,338,000 out of the account to adjust funds available for administrative expenses on account of retroactive credits taken by contributors under the Railroad Unemployment Insurance Act Amendments of 1948.

⁸ Preliminary.

⁹ Includes transfer from general funds of \$81 million for the Federal unemployment account.

Source: Unpublished Treasury reports.

Table 5.—Status of the old-age and survivors insurance trust fund, by specified period, 1937-56

[In thousands]

Period	Receipts		Expenditures		Assets		
	Net contribution income and transfers ¹	Interest received ¹	Benefit payments	Administrative expenses ²	Net total of U. S. Government securities acquired ³	Cash balance at end of period	Total assets at end of period
Cumulative, January 1937-August 1956 ⁴	\$43,247,757	\$3,922,014	\$23,419,276	\$971,067	\$22,202,361	\$577,068	\$22,779,429
Fiscal year:							
1954-55 ⁵	5,087,154	447,580	4,333,147	103,202	1,240,627	580,511	21,141,001
1955-56 ⁵	6,442,326	494,889	5,360,813	124,339	1,462,540	550,034	22,593,064
2 months ended:							
August 1954	982,465	9,551	580,792	14,216	220,000	879,760	20,439,623
August 1955	1,140,859	8,769	851,820	21,372	704,106	132,840	21,417,437
August 1956 ⁴	1,169,836	4,216	966,465	21,223	159,330	577,068	22,779,429
1955							
August	923,619	1,330	428,390	10,241	438,002	132,840	21,417,437
September	519,117	15,330	428,522	9,976	-269,558	498,347	21,513,386
October	221,517	18,127	434,163	9,770	-228,059	522,116	21,309,097
November	704,700	4,219	436,644	12,542	179,000	602,849	21,568,830
December	340,055	201,141	437,443	9,479	135,884	561,238	21,663,104
1956							
January	186,056	* 1,041	438,481	9,727	-247,406	547,533	21,401,992
February	661,916	3,303	444,634	9,999	70,352	687,767	21,612,579
March	520,119	13,737	457,667	10,227	175,942	577,786	21,678,541
April	598,353	18,427	471,736	9,568	-179,159	892,421	21,814,016
May	997,587	4,600	478,994	12,440	647,688	755,506	22,324,789
June ⁶	552,047	206,196	480,708	9,239	473,767	550,034	22,593,064
July ⁶	351,031	1,081	479,651	11,300	-221,601	632,795	22,454,225
August ⁴	818,805	3,135	486,813	9,923	380,931	577,068	22,779,429

¹ For July 1940 to December 1950 equals taxes collected; beginning January 1951, equals amounts appropriated (estimated tax collections) and, from May 1951, deposits by States under voluntary coverage agreements. For 1947-51 includes amounts appropriated to meet costs of benefits payable to certain veterans' survivors. Beginning 1952, includes deductions to adjust for reimbursement to the General Treasury of the estimated amount of taxes subject to refund for employees who paid contributions on more than \$3,600 a year (through working for more than 1 employer)—\$66 million in October 1955 for 1954 taxes.

² Includes interest transferred from the railroad retirement account under the financial interchange provision of the Railroad Retirement Act, as amended in 1951.

³ Represents net expenditures for administration. Beginning November

1951, adjusted for reimbursements to trust fund of small amounts for sales of supplies and services. Beginning October 1953, includes amounts for expenses of plans and preparations for construction authorized by P.L. 170, 83d Cong., 1st sess.

⁴ Includes accrued interest and repayments on account of accrued interest on bonds at time of purchase.

⁵ Data for fiscal year 1954-55 revised to correspond with *Final Statement of Receipts and Expenditures of the U. S. Government*. Cumulative data, those for fiscal year 1955-56, and those for June, July, and August 1956 are preliminary.

⁶ Includes \$50,781 profit to the fund on sale of securities.

Source: *Monthly Statement of Receipts and Expenditures of the U. S. Government* and unpublished Treasury report.

Table 6.—Old-age and survivors insurance: Monthly benefits in current-payment status at the end of the month by type of benefit and by month, September 1955-September 1956, and monthly benefits awarded, September 1956 ¹

[Amounts in thousands; data corrected to Oct. 23, 1956]

Item	Total		Old-age		Wife's or husband's		Child's		Widow's or widower's		Mother's		Parent's	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Monthly benefits in current-payment status at end of month:														
1955														
September	7,796,310	\$399,203.8	4,361,542	\$268,118.5	1,165,314	\$38,363.5	1,246,578	\$45,010.0	710,193	\$33,401.7	286,813	\$13,058.6	25,870	\$1,251.6
October	7,855,522	403,960.0	4,406,750	271,652.1	1,176,724	38,801.8	1,257,568	45,537.5	700,631	33,550.9	288,455	13,167.5	25,394	1,250.1
November	7,901,917	407,861.9	4,441,542	274,499.2	1,184,794	39,126.0	1,266,991	45,985.1	693,498	33,729.7	290,039	13,272.3	25,053	1,249.5
December	7,960,616	411,612.8	4,473,971	276,941.8	1,191,963	39,415.5	1,276,240	46,443.6	701,360	34,152.2	291,916	13,403.0	25,166	1,256.5
1956														
January	8,003,915	414,669.5	4,497,924	278,944.5	1,197,385	39,668.0	1,281,915	46,782.0	709,569	34,585.9	291,850	13,425.5	25,272	1,263.6
February	8,069,862	419,429.8	4,541,282	282,556.5	1,207,832	40,119.4	1,287,480	47,096.4	715,965	34,932.3	292,003	13,459.1	25,300	1,266.1
March	8,149,733	424,975.4	4,594,991	286,817.7	1,219,883	40,605.2	1,293,384	47,422.3	723,119	35,317.0	292,990	13,542.4	25,366	1,270.8
April	8,235,594	430,675.4	4,649,159	290,968.1	1,233,164	41,141.2	1,301,683	47,859.3	731,146	35,750.0	294,950	13,677.7	25,492	1,279.1
May	8,315,314	435,742.9	4,697,531	294,528.6	1,246,118	41,632.8	1,310,331	48,312.0	739,968	36,224.6	295,771	13,759.0	25,595	1,285.8
June	8,374,453	439,423.8	4,731,942	296,976.4	1,255,018	41,968.4	1,316,728	48,662.0	747,766	36,647.7	297,294	13,875.9	25,705	1,293.3
July	8,451,169	444,620.4	4,781,036	300,776.8	1,268,051	42,477.0	1,320,390	48,912.8	756,213	37,106.2	299,675	14,047.2	25,804	1,300.4
August	8,566,410	452,345.9	4,855,552	306,613.1	1,290,596	43,336.9	1,327,584	49,300.1	764,555	37,561.7	302,199	14,225.8	25,924	1,308.3
September	8,647,776	457,493.9	4,907,729	310,408.4	1,307,228	43,939.9	1,333,003	49,637.4	772,132	37,976.6	301,685	14,217.8	25,999	1,313.8
Monthly benefits awarded in September 1956	139,854	8,014.2	78,440	5,487.7	28,057	959.3	17,140	688.4	10,469	551.0	5,506	313.8	242	14.0

¹ Beginning December 1955, all benefits of persons receiving both an old-age benefit and a widow's, widower's, or parent's secondary benefit are included

only in the number of old-age benefits and the amount of the reduced secondary benefit is combined with the amount of the old-age benefit.

Table 7.—Old-age and survivors insurance: Number of monthly benefits awarded, for selected types of benefit, 1950-56

[Corrected to Oct. 23, 1956]

Year and quarter ¹	Wife's or husband's				Child's			Widow's or widower's			Mother's		
	Total	Wife aged 65 or over	Husband	Wife under age 65	Total	Child of retired worker	Child of deceased worker	Total	Widow	Widower	Total	Widowed mother	Divorced wife
1950.....	162,768	152,310	812	9,646	122,641	25,495	97,146	66,735	66,672	63	41,101	41,089	12
1951.....	228,887	193,966	3,077	31,844	230,500	40,958	189,542	89,591	89,324	267	78,323	78,181	142
1952.....	177,707	161,985	2,007	13,715	183,345	24,695	158,650	92,302	91,992	310	64,875	64,776	99
1953.....	246,856	225,617	2,992	18,247	212,178	33,868	178,310	112,866	112,467	399	71,945	71,861	84
1954.....	236,764	214,851	2,616	19,297	212,796	35,938	176,858	128,026	127,626	400	70,775	70,699	76
1955.....	288,915	263,816	3,407	21,692	238,795	40,402	198,393	140,624	140,273	351	76,018	75,927	91
1953													
January-March.....	66,865	61,646	760	4,459	51,041	8,170	42,871	27,608	27,608	90	17,497	17,483	14
April-June.....	70,609	64,440	929	5,240	58,878	9,811	49,067	30,144	30,037	107	19,702	19,677	25
July-September.....	56,687	51,620	718	4,349	50,993	7,827	43,166	26,988	26,877	111	17,453	17,433	20
October-December.....	52,695	47,911	585	4,199	51,266	8,060	43,206	28,036	27,945	91	17,293	17,268	25
1954													
January-March.....	59,037	53,539	626	4,872	52,257	8,922	43,335	29,091	29,003	88	17,634	17,617	17
April-June.....	64,266	58,106	768	5,392	56,167	10,224	45,943	31,480	31,366	114	18,464	18,448	16
July-September.....	55,495	50,308	688	4,499	49,217	8,397	40,820	28,177	28,071	106	16,265	16,242	23
October-December.....	57,966	52,898	534	4,534	55,155	8,395	46,760	39,278	39,186	92	18,412	18,392	20
1955													
January-March.....	75,936	70,347	672	4,917	50,547	9,262	41,285	34,389	34,314	75	15,917	15,905	12
April-June.....	86,914	79,097	1,131	6,686	67,375	12,485	54,890	36,663	36,559	104	21,263	21,238	25
July-September.....	67,324	61,018	890	5,416	61,535	10,068	51,467	34,855	34,770	85	19,631	19,600	31
October-December.....	58,741	53,354	714	4,673	59,338	8,587	50,751	34,717	34,630	87	19,207	19,184	23
1956													
January-March.....	59,905	54,611	657	4,637	52,382	8,825	43,557	31,845	31,769	76	16,587	16,572	15
April-June.....	73,641	66,976	827	5,838	60,706	11,203	49,503	35,271	35,187	84	19,244	19,224	20

¹ Quarterly data for 1950-52 were presented in the *Bulletin* for June 1955, p. 26.

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(Continued from page 21)

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ACKERMAN, LAURENCE J. "Financing Pension Benefits." *Harvard Business Review*, Boston, Vol. 34, Sept.-Oct. 1956, pp. 63-74. \$2.

KUTNER, BERNARD; FANSHIEL, DAVID; TOGO, ALICE M.; and LANGNER, THOMAS S. *Five Hundred Over Sixty: A Community Survey on Aging*. New York: Russell Sage Foundation, 1956. 345 pp. \$4.

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Social Security

Table 8.—Old-age and survivors insurance: Number of monthly benefits awarded, by type of benefit, number of lump-sum death payments awarded, and number of deceased workers represented for the first time in awards of lump-sum death payments, 1940-56

[Corrected to Oct. 23, 1956]

Year and quarter ¹	Monthly benefits							Lump-sum awards ²	
	Total	Old-age	Wife's or husband's	Child's	Widow's or widower's	Mother's	Parent's	Number of payments	Number of deceased workers
1940.....	254,964	132,335	34,555	59,382	4,600	23,26	852	75,095	61,080
1941.....	269,286	114,660	36,213	75,619	11,020	30,502	1,272	117,303	90,941
1942.....	258,116	99,622	33,250	77,384	14,774	31,820	1,266	134,991	103,332
1943.....	262,865	89,070	31,916	85,619	19,576	35,420	1,264	163,011	122,185
1944.....	318,949	110,097	40,349	99,676	24,759	42,649	1,419	205,177	151,869
1945.....	462,463	185,174	63,068	127,514	29,844	55,108	1,755	247,012	178,813
1946.....	547,150	258,980	88,515	114,875	38,823	44,190	1,767	250,706	179,588
1947.....	572,909	271,488	94,189	115,754	45,249	42,807	3,422	218,787	181,992
1948.....	596,201	275,903	96,554	118,965	55,687	44,276	2,846	213,096	200,090
1949.....	682,241	337,273	117,358	118,922	62,928	43,087	2,675	212,614	202,154
1950.....	962,628	667,131	162,768	122,641	66,735	41,101	2,282	209,980	200,411
1951.....	1,336,432	702,984	228,887	230,500	89,591	78,323	6,147	431,229	414,470
1952.....	1,053,303	531,206	177,707	183,345	92,302	64,875	3,868	454,531	437,896
1953.....	1,419,462	771,671	246,856	212,178	112,866	71,945	3,946	532,846	511,986
1954.....	1,401,733	749,911	236,764	212,796	128,026	70,775	3,461	536,341	516,158
1955.....	1,657,773	909,883	288,915	236,795	140,634	76,018	3,538	569,612	566,830
1953									
January-March.....	370,800	206,775	66,868	51,041	27,700	17,496	920	127,657	122,779
April-June.....	402,570	222,130	70,609	58,877	30,146	19,701	1,107	147,502	141,611
July-September.....	331,370	178,283	56,684	50,963	26,987	17,456	967	137,577	122,604
October-December.....	314,722	164,483	52,695	51,267	28,033	17,292	952	129,910	124,922
1954									
January-March.....	346,440	187,531	59,037	52,257	29,091	17,634	890	136,867	121,749
April-June.....	380,542	209,201	64,266	56,167	31,480	18,464	964	145,690	140,211
July-September.....	326,154	176,190	55,495	49,217	26,177	16,265	810	127,417	122,338
October-December.....	348,597	176,989	57,966	55,155	39,278	18,412	797	126,677	121,660
1955									
January-March.....	396,719	219,209	75,936	50,547	34,389	15,917	721	127,646	122,680
April-June.....	504,709	291,587	86,914	67,375	36,663	21,263	907	165,082	159,272
July-September.....	402,163	217,949	67,324	61,535	34,855	19,631	969	149,649	143,806
October-December.....	354,182	181,238	58,741	50,338	34,717	19,207	941	147,235	141,092
1956									
January-March.....	346,713	185,202	59,905	52,382	31,845	16,587	792	140,862	135,218
April-June.....	413,242	225,469	73,641	60,706	35,271	19,244	911	162,620	155,268
July-September.....	438,803	244,226	87,051	55,096	33,842	17,749	830	149,594	142,149

¹ Quarterly data for 1940-44 were presented in the *Bulletin* for February 1947, p. 29; for 1945-48, in the *Bulletin* for February 1949, p. 29; for 1949-52, in the *Bulletin* for March 1953, p. 30.

² Effective Sept. 1, 1950, a lump-sum death payment is payable with respect to every insured individual who dies after August 1950.

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Table 9.—Employment security: Selected data on nonfarm placements and unemployment insurance claims and benefits, by State, September 1956¹

Region and State	Nonfarm place- ments	Initial claims ²		Weeks of unemploy- ment covered by continued claims		Compensated unemployment					Average weekly insured unem- ployment under State programs ⁴
		Total	Women ³	Total	Women	All types of unemployment ⁴			Total unemployment		
						Weeks compen- sated	Benefits paid ⁵	Average weekly number of benefi- ciaries	Weeks compen- sated	Average weekly payment	
Total.....	590,589	760,535	281,204	4,135,629	1,669,829	3,555,664	\$94,919,388	888,916	3,242,392	\$27.77	* 988,342
Region I:											
Connecticut.....	8,419	9,221	4,883	53,093	29,841	50,037	1,359,274	12,509	46,725	28.06	13,000
Maine.....	2,223	3,980	2,175	20,180	13,107	17,164	312,700	4,291	14,797	19.04	5,110
Massachusetts.....	18,796	30,611	17,749	126,751	69,023	110,933	2,616,864	27,733	93,908	24.68	31,472
New Hampshire.....	1,694	3,959	2,570	23,954	15,399	19,988	420,883	4,997	16,702	22.94	6,008
Rhode Island.....	1,644	8,520	4,692	32,718	18,057	30,531	782,634	7,633	27,335	26.96	8,040
Vermont.....	1,635	880	553	4,476	3,241	3,831	79,550	988	3,482	21.65	1,168
Region II:											
New Jersey.....	11,802	39,774	17,273	212,949	108,674	203,179	6,206,410	50,795	175,449	31.69	53,306
New York.....	71,016	131,969	60,311	465,602	209,521	415,571	11,805,570	103,893	364,683	30.27	114,402
Puerto Rico.....	3,429	243	66	2,888	580	1,022	22,796	256	1,009	22.43	-----
Virgin Islands.....	185	0	0	0	-----	0	0	0	0	0	-----
Region III:											
Delaware.....	759	2,341	309	5,989	1,855	6,785	199,646	1,696	6,465	30.11	1,683
District of Columbia.....	2,951	1,989	710	14,153	6,103	12,659	327,160	3,165	12,362	26.00	3,462
Maryland.....	7,539	10,413	2,824	41,085	14,956	34,797	872,229	8,699	32,010	25.85	9,292
North Carolina.....	21,500	25,995	13,554	103,827	55,504	86,592	1,590,980	21,648	79,330	18.95	23,172
Pennsylvania.....	24,779	66,519	27,668	463,703	200,101	457,201	11,917,960	114,300	410,722	27.41	116,329
Virginia.....	8,630	6,513	2,673	29,804	13,668	27,492	554,358	6,873	25,740	20.79	7,736
West Virginia.....	2,482	6,950	1,539	36,736	10,418	27,537	558,114	6,884	24,602	21.06	9,124
Region IV:											
Alabama.....	9,274	7,072	1,820	59,363	16,959	44,443	872,099	11,111	42,910	19.81	14,184
Florida.....	18,403	9,821	4,192	87,966	51,577	70,719	1,436,422	17,680	68,178	20.51	21,946
Georgia.....	10,017	13,943	4,983	78,377	37,995	63,056	1,317,272	15,764	57,856	21.56	19,470
Mississippi.....	8,482	4,667	1,737	34,734	13,333	28,719	550,112	7,180	26,609	19.68	8,400
South Carolina.....	7,245	13,348	5,884	55,776	29,242	40,828	830,084	10,207	37,302	20.76	13,783
Tennessee.....	11,507	11,808	3,987	118,178	51,093	103,234	2,041,066	25,809	98,130	20.03	28,226
Region V:											
Kentucky.....	6,303	9,059	2,356	105,334	35,090	77,601	1,646,241	19,400	72,920	21.71	26,114
Michigan.....	14,519	94,249	15,183	645,989	141,119	541,245	18,652,776	135,311	526,547	34.91	142,734
Ohio.....	34,009	24,995	9,174	149,479	67,545	131,102	3,830,718	32,775	121,171	30.51	35,224
Region VI:											
Illinois.....	22,901	31,256	13,586	219,986	94,257	176,483	4,682,169	44,121	153,865	28.29	53,896
Indiana.....	9,527	24,534	6,801	142,922	44,531	120,836	3,191,756	30,209	107,383	27.91	29,523
Minnesota.....	12,978	5,153	1,732	37,571	14,460	30,970	719,288	7,742	28,689	23.73	9,104
Wisconsin.....	12,742	9,067	2,806	51,887	18,003	45,543	1,402,075	11,386	41,286	31.38	12,642
Region VII:											
Iowa.....	8,898	3,105	1,090	18,661	9,777	16,137	374,927	4,034	14,246	24.46	4,583
Kansas.....	10,531	5,098	980	18,109	6,824	17,707	455,864	4,427	16,341	26.56	4,622
Missouri.....	8,277	24,874	9,267	100,582	44,136	75,861	1,487,352	18,965	62,815	21.48	26,022
Nebraska.....	6,194	1,891	782	11,744	6,043	11,063	263,862	2,766	10,581	24.38	2,630
North Dakota.....	2,392	181	60	1,150	597	833	19,091	208	667	24.28	224
South Dakota.....	2,411	290	140	1,765	863	1,465	30,805	366	1,260	22.14	424
Region VIII:											
Arkansas.....	7,117	5,351	1,477	35,010	11,930	20,128	375,999	5,032	18,185	19.23	7,103
Louisiana.....	9,042	6,210	1,219	34,253	9,286	30,479	648,642	7,620	27,597	22.12	8,580
Oklahoma.....	13,209	5,774	1,690	32,056	11,770	25,101	588,198	6,275	23,147	24.22	7,822
Texas.....	51,316	15,653	4,953	88,526	33,833	72,574	1,589,256	18,144	70,434	22.16	19,414
Region IX:											
Colorado.....	10,132	2,084	557	8,055	3,169	6,337	153,400	1,584	5,933	25.56	2,011
Montana.....	3,677	760	287	2,871	1,506	2,393	55,004	598	2,393	22.84	654
New Mexico.....	4,271	1,454	185	6,122	1,098	4,964	119,606	1,241	4,556	24.74	1,514
Utah.....	4,418	1,539	523	7,750	3,182	5,992	157,186	1,498	5,307	27.57	1,798
Wyoming.....	2,476	340	123	1,413	683	1,122	29,635	281	1,021	26.58	339
Region X:											
Arizona.....	5,896	2,579	708	12,390	4,436	9,603	240,999	2,401	8,961	26.62	3,088
California.....	44,818	48,834	16,792	221,345	92,071	181,219	4,992,414	45,305	164,681	28.79	54,573
Hawaii.....	822	1,457	609	10,869	4,745	8,610	199,321	2,152	7,531	24.94	(⁷)
Nevada.....	2,080	1,596	342	7,070	1,755	7,155	233,163	1,789	6,733	33.08	1,884
Region XI:											
Alaska.....	1,032	670	142	2,279	871	2,099	62,217	525	2,001	30.12	(⁷)
Idaho.....	5,929	659	313	4,810	3,147	4,081	91,410	1,020	3,871	22.62	1,169
Oregon.....	7,624	7,968	1,849	24,656	9,843	19,307	521,213	4,827	17,961	27.47	6,365
Washington.....	10,637	13,319	3,326	58,683	23,012	51,336	1,430,618	12,834	48,003	28.46	14,973

¹ Includes, except as otherwise noted, data for the Federal employees' unemployment insurance program, administered by the States as agents of the Federal Government.

² Total excludes transitional claims.

³ Excludes claims filed solely under the Federal employees' unemployment insurance program.

⁴ Total, part-total, and partial.

⁵ Not adjusted for voided benefit checks and transfers under interstate combined-wage plan.

⁶ Excludes Alaska and Hawaii.

⁷ Data not available.

Source: Department of Labor, Bureau of Employment Security, and affiliated State agencies.

Table 10.—Public assistance in the United States, by month, September 1955–September 1956¹

[Except for general assistance, includes vendor payments for medical care and cases receiving only such payments]

Year and month	Total ^a	Old-age assistance	Aid to dependent children		Aid to the blind	Aid to the permanently and totally disabled	General assistance (cases)	Total	Old-age assistance	Aid to dependent children (families)	Aid to the blind	Aid to the permanently and totally disabled	General assistance (cases)	
			Families	Recipients										
				Total ^a										Children

Number of recipients						Percentage change from previous month							
1955													
September ..		2,552,536	604,457	2,191,138	1,656,814	104,249	240,870	290,000	(⁴)	-0.6	+0.1	+0.2	-2.4
October		2,552,991	598,459	2,171,169	1,642,869	104,444	242,320	286,000	(⁴)	-1.0	+2	+6	-1.3
November		2,554,709	598,113	2,173,222	1,644,728	104,718	242,122	297,000	+0.1	-1	+3	-1	+3.8
December		2,552,899	602,787	2,193,215	1,661,206	104,860	244,010	314,000	-1	+8	+1	+8	+5.9
1956													
January		2,545,576	605,674	2,205,913	1,670,728	104,947	245,210	330,000	-3	+5	+1	+5	+5.1
February		2,538,518	608,628	2,220,653	1,682,363	104,772	247,117	336,000	-3	+5	-2	+8	+1.7
March		2,535,419	613,246	2,240,856	1,698,296	105,083	249,118	336,000	-1	+8	+3	+8	(⁵)
April		2,530,720	615,985	2,253,738	1,708,484	105,229	251,533	322,000	-2	+4	+1	+1.0	-4.2
May		2,527,753	617,058	2,258,858	1,713,503	105,469	255,954	303,000	-1	+2	+2	+1.8	-5.9
June		2,523,716	613,720	2,250,229	1,707,629	105,796	258,279	290,000	-2	-5	+3	+9	-4.3
July		2,519,469	607,468	2,228,590	1,691,346	105,990	260,082	288,000	-2	-1.0	+2	+7	-8
August		2,514,669	606,973	2,231,230	1,692,992	106,445	262,105	297,000	-2	-1	+4	+8	+3.2
September		2,512,104	606,717	2,233,348	1,695,590	106,612	263,421	280,000	-1	(⁵)	+2	+5	-5.6
Amount of assistance						Percentage change from previous month							
1955													
September ..	\$227,079,000	\$133,999,430	\$52,851,801	\$5,945,057	\$13,284,871	\$15,358,000	+0.1	+0.3	+0.2	+1.0	-0.1	-2.3	
October	228,821,000	136,034,539	52,512,850	6,039,250	13,450,637	15,178,000	+8	+1.5	-6	+1.6	+1.2	-1.2	
November	230,400,000	136,805,741	52,580,182	6,054,577	13,458,492	15,849,000	+7	+6	+1	+3	+1	+4.4	
December	234,139,000	137,666,789	53,415,407	6,090,775	13,709,025	17,300,000	+1.6	+6	+1.6	+6	+1.9	+9.2	
1956													
January	235,480,000	138,276,533	53,474,008	6,100,996	13,784,271	18,012,000	+6	+4	+1	+2	+5	+4.1	
February	235,733,000	137,284,906	54,051,818	6,110,375	13,943,747	18,506,000	+1	-7	+1.1	+2	+1.2	+2.7	
March	237,157,000	137,313,059	54,818,422	6,144,744	14,082,191	18,585,000	+6	(⁴)	+1.4	+6	+1.0	+4	
April	236,526,000	137,412,301	55,239,202	6,170,895	14,272,922	17,407,000	-3	+1	+8	+4	+1.4	-6.3	
May	235,923,000	137,436,276	55,222,938	6,375,783	14,557,834	16,054,000	-3	(⁴)	(⁵)	+3.3	+2.0	-7.8	
June	233,756,000	137,005,608	54,785,725	6,392,529	14,649,950	15,051,000	-9	-3	-8	+3	+6	-6.2	
July	234,479,000	138,590,223	54,385,013	6,408,216	14,656,710	15,035,000	+3	+1.2	-7	+2	(⁴)	-1	
August	236,815,000	139,029,605	54,666,759	6,500,720	14,901,223	16,025,000	+1.0	+3	+5	+1.4	+1.7	+6.6	
September ..	235,585,000	138,796,360	54,852,985	6,516,127	14,977,334	14,733,000	-5	-2	+3	+2	+5	-8.1	

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.

² Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States.

³ Includes as recipients the children and 1 parent or other adult relative in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance.

⁴ Increase of less than 0.05 percent.

⁵ Decrease of less than 0.05 percent.

Table 11.—Amount of vendor payments for medical care for recipients of public assistance, by program and State, September 1956¹

State	Old-age assistance	Aid to dependent children	Aid to the blind	Aid to the permanently and totally disabled	General assistance ²
Total.....	\$11,884,578	\$1,996,350	\$326,799	\$2,170,528	\$5,709,000
Alabama.....	<i>2,021</i>	<i>510</i>	<i>9</i>	<i>429</i>	20,140
Alaska.....				(³)	87,624
California.....	249,797		21,328	(³)	
Colorado.....			<i>2</i>		(³)
Connecticut.....	293,256	122,567	5,360	71,148	(³)
District of Columbia.....	<i>421</i>	<i>222</i>	<i>4</i>	<i>443</i>	295
Hawaii.....	7,980	21,690	204	5,240	(³)
Illinois.....	1,822,696	277,276	57,732	292,387	459,119
Indiana.....	470,374	72,039	19,676	(³)	185,923
Iowa.....				(³)	203,453
Kansas.....	223,896	44,531	4,049	37,635	37,694
Louisiana.....	<i>291</i>	4,685	320	2,338	1,679
Maine.....	46,952	12,906	1,557	4,446	38,838
Massachusetts.....	2,164,038	132,396	1,717	525,599	126,969
Michigan.....	196,015		3,174	32,304	100,201
Minnesota.....	1,310,125	100,631	38,459	12,850	386,951
Montana.....					164,142
Nebraska.....					197,920
Nevada.....	6,924			(³)	71,400
New Hampshire.....	87,180	12,582	2,838	8,940	(³)
New Jersey.....		<i>15,248</i>	<i>587</i>		134,387
New Mexico.....	39,068	23,462	1,832	6,507	3,132
New York.....	2,274,809	669,172	84,317	859,959	(³)
North Carolina.....	18,577	8,674		7,028	209,676
North Dakota.....	164,909	20,760	1,044	25,468	15,748
Ohio.....	571,096	<i>9,197</i>	<i>21,468</i>		937,916
Oregon.....	<i>160,091</i>	<i>24,004</i>	<i>1,481</i>	<i>41,706</i>	60,949
Pennsylvania.....	130,275	110,579	32,440	49,312	47,894
Rhode Island.....	64,441	34,780	1,182	19,225	46,046
South Carolina.....					12,084
South Dakota.....					93,475
Utah.....	<i>1,173</i>	<i>977</i>	<i>5</i>	<i>597</i>	706
Virgin Islands.....	349	126	15	52	129
Virginia.....					7,880
Washington.....	989,223	126,206	9,348	107,788	161,456
West Virginia.....	39,034	30,496	2,006	14,190	6,800
Wisconsin.....	<i>549,667</i>	<i>120,564</i>	<i>14,845</i>	<i>44,937</i>	136,813
Wyoming.....					39,600

¹ For the special types of public assistance figures in italics represent payments made without Federal participation. States not shown made no vendor payments during the month or did not report such payments.

² In all States except California, Illinois, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, Oregon, Pennsylvania, Utah, the Virgin Islands, Washington, West Virginia, and Wisconsin include pay-

ments made on behalf of recipients of the special types of public assistance.

³ Includes an estimated amount for States making vendor payments for medical care from general assistance funds and from special medical funds and reporting these data semiannually but not on a monthly basis.

⁴ No program for aid to the permanently and totally disabled.

⁵ Data not available.

(Continued from page 25)

30, Sept. 1956, pp. 237-357. \$1.75. Includes papers on foster care and adoption of children, residential treatment, psychiatric clinic services, group work, and research planning.

SIMCOX, BEATRICE R., and KAUFMAN, IRVING. "Treatment of Character Disorders in Parents of Delinquents." *Social Casework*, New York, Vol. 37, Oct. 1956, pp. 388-395. 50 cents.

WISCONSIN. STATE DEPARTMENT OF PUBLIC WELFARE. *A Study of Services for Children and Youth in St. Croix County: A Community Self-Appraisal*. Madison: The Department, 1956. 116 pp.

Includes information on social welfare, recreation, public health, community planning, schools, and juvenile delinquency.

Health and Medical Care

BAISDEN, RICHARD N., and HUTCHINSON, JOHN. *Health Insurance: Group Coverage in Industry*. Los Angeles: University of California, Institute of Industrial Relations, 1956. 76 pp. 25 cents.

Considers the growth, types of plans, effectiveness, and issues of voluntary health insurance.

FUREY, WARREN W. "Let's Look at Blue Shield—Blue Cross and the Physician." *North Carolina Medi-*

cal Journal, Winston-Salem, Vol. 17, Aug. 1956, pp. 343-347.

GREAT BRITAIN. COMMITTEE ON ENQUIRY INTO THE COST OF THE NATIONAL HEALTH SERVICE. *Report ...* (Cmd. 9663.) London: H. M. Stationery Office, 1956. 309 pp. 9s. Present and prospective costs, general structure of the service, the hospital and specialist services, family practitioner services, and the local health authority services.

INSTITUTE FOR THE CRIPPLED AND DISABLED. *Rehabilitation Trends, Mid-century to 1956*. New York: The Institute, 1956. 96 pp.

An illustrated description of the work of the Institute.

Table 12.—Average payments including vendor payments for medical care, average amount of money payments, and average amount of vendor payments for assistance cases, by program and State, September 1956¹

State	Old-age assistance			Aid to dependent children (per family)			Aid to the blind			Aid to the permanently and totally disabled		
	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ⁴	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ⁴	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ⁴	All assistance ²	Money payments to recipients ³	Vendor payments for medical care ⁴
Total, 53 States ⁴	\$55.25	\$50.83	\$4.73	\$90.41	\$87.24	\$3.29	\$61.12	\$58.27	\$3.07	\$56.86	\$49.20	\$8.24
Alabama	32.87	32.85	.02	41.46	41.44	.02	33.94	33.93	.01	34.84	34.80	.04
California	70.95	70.28	.94				88.10	86.84	1.61	(⁵)	(⁵)	(⁵)
Colorado							66.24	66.23	.01			
Connecticut	91.17	73.17	18.00	144.41	121.41	23.00	99.68	83.68	16.00	118.20	85.20	33.00
District of Columbia	52.53	52.39	.14	106.14	106.00	.14	60.38	60.36	.02	61.61	61.42	.19
Hawaii	43.37	38.44	4.93	99.83	92.15	7.67	52.95	50.89	2.06	53.28	49.31	3.97
Illinois	61.64	43.08	20.34	141.49	130.43	11.10	68.83	52.98	16.71	78.65	49.56	30.26
Indiana	51.58	38.56	13.84	91.76	83.72	8.19	63.74	53.50	10.83	(⁵)	(⁵)	(⁵)
Kansas	67.06	60.65	6.77	113.39	104.42	9.67	73.43	67.24	6.41	71.31	62.16	9.55
Louisiana	60.79	60.79	(⁵)	72.65	72.42	.24	75.77	75.61	.15	46.10	45.93	.17
Maine	50.21	46.25	4.00	84.57	81.57	3.00	53.85	51.05	3.00	58.10	52.10	6.00
Massachusetts	84.41	59.47	25.42	135.92	125.56	10.65	102.55	102.19	.91	105.08	61.56	46.92
Michigan	60.01	58.92	2.78				67.76	67.19	1.79	79.96	78.24	12.25
Minnesota	70.55	45.28	25.95	124.03	111.88	12.57	84.22	53.12	32.21	57.35	46.67	9.34
Nevada	61.84	60.29	2.67							(⁵)	(⁵)	(⁵)
New Hampshire	64.90	49.95	15.00	134.81	121.70	13.50	67.66	56.66	11.00	88.70	58.70	30.00
New Jersey				120.76	118.46	2.30	70.16	70.35	.48			
New Mexico	51.42	47.16	4.26	92.07	88.21	3.86	54.88	50.20	4.67	52.97	49.15	3.82
New York	85.02	64.60	23.94	143.07	132.32	12.36	90.98	74.00	19.52	87.46	68.80	21.61
North Carolina	32.37	32.01	.36	62.47	62.01	.46				38.24	37.72	.52
North Dakota	73.82	54.30	20.71	122.15	111.26	12.74	65.77	57.07	8.70	81.99	57.64	26.31
Ohio	63.35	57.49	5.86	89.72	89.19	.53	61.75	56.12	5.63			
Oregon	67.96	59.55	8.74	134.80	127.51	7.28	75.59	71.07	4.68	83.87	71.44	12.67
Pennsylvania	46.79	44.30	2.49	109.12	105.29	3.83	61.37	59.48	1.89	55.67	51.80	3.87
Rhode Island	64.92	58.24	8.25	115.02	105.02	10.00	72.35	66.66	7.34	77.36	68.06	11.87
Utah	60.94	60.81	.13	113.75	113.40	.35	65.55	65.53	.02	66.36	66.02	.34
Virgin Islands	18.47	18.03	.52	34.14	33.64	.50	(⁷)	(⁷)	(⁷)	19.40	18.90	.50
Washington	81.09	63.67	17.64	123.04	108.73	14.45	93.32	81.57	11.95	96.52	76.46	20.32
West Virginia	30.09	28.39	1.70	80.23	78.52	1.71	34.06	32.36	1.71	33.16	31.47	1.69
Wisconsin	66.56	53.27	13.43	145.83	130.63	15.38	73.31	59.91	13.45	102.87	66.34	36.74

¹ Averages for general assistance not computed because of difference among States in policy of practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. Figures in italics represent payments made without Federal participation. States not shown made no vendor payments during the month or did not report such payments.

² Averages based on cases receiving money payments, vendor payments for medical care, or both.

³ Averages based on number of cases receiving payments. See tables 13-16 for average money payments for States not making vendor payments.

⁴ For aid to the permanently and totally disabled represents data for the 46 States with programs in operation.

⁵ No program for aid to the permanently and totally disabled.

⁶ Less than 1 cent.

⁷ Average payment not computed on base of less than 50 recipients.

"Medical Care Costs and Coverages." *Life Insurance Courant*, New York, Vol. 61, Sept. 1956, pp. 48-51. 50 cents.

A study based on a random sample of families in two cities over a 12-month period.

MELAS, REINHOLD. "The Insuring Organizations in Sickness Insurance Schemes." *Bulletin of the Inter-*

national Social Security Association, Geneva, Aug. 1956, pp. 303-330. \$2.50 a year.

Based on monographs from 12 countries.

NEW YORK UNIVERSITY — BELLEVUE MEDICAL CENTER. INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION. A. D. L.: *Activities of Daily Living — Testing, Training and*

Equipment. (Rehabilitation Monograph X.) New York: The Institute, 1956. 59 pp. \$1.

Considers the basic daily activities of the physically handicapped.

SMITH, LUCILLE M. "The Social Significance of Chronic Illness." *Public Health Reports*, Washington, Vol. 71, Sept. 1956, pp. 896-903. 55 cents.

Table 13.—Old-age assistance: Recipients and payments to recipients, by State, September 1956¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	August 1956 in—		September 1955 in—	
				Number	Amount	Number	Amount
Total ²	2,512,104	\$138,796,360	\$55.25	-0.1	-0.2	-1.6	+3.6
Ala.	101,505	3,336,751	32.87	+5	+1.0	+15.6	+16.4
Alaska	1,640	95,835	58.44	-1.1	-7	-1.3	-10.8
Ariz.	14,108	786,028	55.72	+1	+1	+9	+7
Ark.	55,043	1,830,206	33.25	-4	-2	-1	-3
Calif.	265,884	18,865,497	70.95	-1	-9	-8	+7.7
Colo. ³	52,583	4,821,120	91.69	-1	-2	(4)	+8.1
Conn.	16,292	1,485,350	91.17	-3	+2	-3.3	+1.8
Del.	1,550	70,401	45.42	-8	-2	-2.3	+4.3
D. C.	3,010	158,110	52.53	-3	+5	-2.1	-3.6
Fla.	69,035	3,256,167	47.17	-1	(5)	-2	+1.2
Ga.	98,159	3,771,884	38.43	(5)	+1	-4	+9
Hawaii	1,618	70,178	43.37	-9	-4	-9.7	-20.6
Idaho	8,304	461,592	55.59	-1	(4)	-3.6	-2.9
Ill.	89,603	5,523,364	61.64	-5	-3	-4.6	-1.9
Ind.	33,998	1,753,768	51.58	-2	-2	-6.1	-6
Iowa	39,384	2,518,239	63.94	-1	+7	-3.3	+7.1
Kans.	33,093	2,219,070	67.06	-1	-3	-2.3	+4
Ky.	57,064	2,035,298	35.67	+8	+8	+2.9	+3.4
La.	122,149	7,425,906	60.79	+1	(5)	+1.4	+20.7
Maine	11,738	589,334	50.21	-2	-1	-6.3	-4.8
Md.	10,060	485,228	48.23	-8	-5	-3.7	+1.9
Mass.	85,124	7,185,713	84.41	-3	-1.1	-3.6	+5.0
Mich.	70,545	4,233,606	60.01	-2	+1	-4.4	+2.5
Minn.	50,487	3,561,653	70.55	-1	+1	-2.1	+2.3
Miss.	71,594	2,068,526	28.89	+4	+4	+1.4	+5.2
Mo.	128,149	6,385,752	49.83	-2	-2	-3.2	-2.9
Mont.	8,547	497,313	58.22	+1	+3	-4.5	-4.0
Nebr.	17,333	916,285	52.86	-2	-2	-1.9	+3.1
Nev.	2,593	160,355	61.84	-1	+1	-1.3	+5.9
N. H.	5,813	377,257	64.90	-3	(5)	-6.7	+2.6
N. J.	19,581	1,467,719	74.96	-4	-1.1	-2.7	+6.4
N. Mex.	9,180	472,022	51.42	+5	+8	-13.3	+37.9
N. Y.	95,002	8,077,325	85.02	-3	+1.7	-5.2	+2.4
N. C.	51,604	1,670,646	32.37	-1	-1.6	-3	+1.8
N. Dak.	7,961	587,679	73.82	+2	+3.1	-2.4	+5.0
Ohio	97,382	6,169,187	63.35	-3	-9	-3.0	+5.2
Okl.	94,705	6,096,168	64.37	-2	-1	-4	+3.9
Oreg.	18,312	1,244,538	67.96	+2	-2.8	-4.7	+2
Pa.	52,338	2,449,038	46.79	-4	-1	-6.0	-4.2
P. R. ⁷	43,400	344,900					
R. I.	7,810	507,027	64.92	-1	-4	-3.3	+4.9
S. C.	38,140	1,276,786	33.48	-1.9	-1.5	-11.9	-9.0
S. Dak.	10,269	463,960	45.18	-1	(4)	-3.4	-2.8
Tenn.	60,385	2,070,740	34.29	-3	(5)	-6.7	-8.1
Tex.	223,163	9,342,156	41.86	+1	+2	+1	+4
Utah	9,235	562,790	60.94	+3	+1.0	-2.1	-3
Vt.	6,648	330,320	49.69	(4)	(5)	-2.4	-1
V. I.	676	12,486	18.47	+4	(5)	-2.5	-3.6
Va.	16,459	515,634	31.33	-3	(5)	-4.7	-1.2
Wash.	56,065	4,546,474	81.09	-4	-3	-3.8	+2.2
W. Va.	22,980	691,396	30.09	(4)	-1	-3.6	+4.7
Wis.	40,935	2,724,734	66.56	-3	(4)	-4.3	-7
Wyo.	3,869	226,549	58.55	-1	-5	-2.8	-3.4

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.

² Includes 4,289 recipients aged 60-64 in Colorado and payments of \$429,596 to these recipients. Such payments are made without Federal participation.

³ In addition, supplemental payments of \$11,844 from general assistance funds were made to 52 recipients in Alaska and \$137,789 to some recipients in Nebraska.

⁴ Decrease of less than 0.05 percent.

⁵ Increase of less than 0.05 percent.

⁶ Excludes vendor payments of \$196,890 made in September for medical services provided before the pooled fund plan began in July.

⁷ Estimated.

Table 14.—Aid to the blind: Recipients and payments to recipients, by State, September 1956¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	August 1956 in—		September 1955 in—	
				Number	Amount	Number	Amount
Total ²	106,612	\$6,516,127	\$61.12	+0.2	+0.2	+2.3	+9.6
Ala.	1,710	58,030	33.94	-3	+1	+5.0	-3
Alaska	72	5,125	71.18	(5)	(5)	(5)	(5)
Ariz.	788	51,194	64.97	-5	-1	+5.5	+6.4
Ark.	2,048	81,268	39.68	-4	-3	+1.1	+3
Calif. ³	13,255	1,167,717	88.10	-2	-4	+4.5	+10.2
Colo.	326	21,594	66.24	-6	+2	+1.2	-1.5
Conn.	335	33,394	99.68	+3	+1.2	-9	+5.9
Del.	220	14,055	63.89	+9	+7	+2.8	+4.2
D. C.	261	15,758	60.38	0	+2	+2.0	+4.0
Fla.	2,584	127,708	49.42	-1.0	-1.0	-8.3	-8.4
Ga.	3,463	150,987	43.60	+3	+5	+1.7	+2.9
Hawaii	99	5,242	52.95	(5)	(5)	-16.1	-22.8
Idaho	188	11,839	62.97	+1.1	+2.5	-5	+3.0
Ill.	3,455	237,803	68.83	-1	+7	-1.5	+1.9
Ind.	1,816	115,759	63.74	+1.1	+3.9	+1.0	+5.1
Iowa	1,492	115,148	77.18	0	-3	+4.7	+9.9
Kans.	632	46,409	73.43	+2	+3	+1.4	+5.7
Ky.	3,156	116,825	37.02	+1	+2	+5.0	+4.7
La.	2,102	159,261	75.77	+1.8	+2.9	+2.0	+54.1
Maine	519	27,950	53.85	0	(4)	-3.0	-2.2
Md.	473	25,551	54.02	+1.5	+1.8	+6	+4.2
Mass.	1,895	194,340	102.55	+1	-1.9	+4.1	+13.2
Mich.	1,778	120,481	67.76	+9	+1.2	+3	+7.3
Minn.	1,194	100,558	84.22	+2	+3	-4.6	+7.1
Miss.	3,966	154,224	38.89	+1.2	+1.2	+7.3	+20.3
Mo.	4,860	291,600	60.00	+3	+3	+14.3	+14.3
Mont.	418	27,673	66.20	0	+6	-6.3	-4.6
Nebr.	857	55,871	65.19	+1.8	+1.7	+13.1	+25.4
Nev.	116	8,653	74.59	+1.8	-2	+9	-2
N. H.	258	17,457	67.66	-1.1	-1.6	-5.5	+2.1
N. J.	918	64,409	70.16	+5	+6	+3.3	+4.4
N. Mex.	392	21,511	54.88	0	+14.0	-3.7	+50.8
N. Y.	4,320	393,031	90.98	-4	-1.5	-3	+4.1
N. C.	4,932	205,384	41.64	-9	-5	+8	+2.8
N. Dak.	120	7,892	65.77	+1.7	+13.5	+4.3	+10.3
Ohio	3,813	235,440	61.75	+8	+3.5	+1.2	+8.2
Okl.	1,947	152,469	78.31	-8	-1.0	-3.4	+2.1
Oreg.	328	24,793	75.59	0	-4.3	-1.5	+2
Pa.	17,188	1,054,868	61.37	+8	+4	+3.8	+25.0
P. R. ⁷	1,700	13,500					
R. I.	161	11,648	72.35	0	+1	-6.9	-6.7
S. C.	1,785	68,218	38.22	-3	+2	+8	+1.6
S. Dak.	197	9,012	45.75	0	+2	-1.5	+3.3
Tenn.	3,107	124,788	40.16	-1	+1	-4.6	-7.0
Tex.	6,553	300,218	45.81	-2	(7)	+9	+2.7
Utah	229	15,011	65.55	0	-1.4	-1.7	-4.9
Vt.	136	6,623	48.70	-7	-7	-13.9	-16.6
V. I.	30	580	(5)	(5)	(5)	(5)	(5)
Va.	1,295	49,360	38.12	-2	(7)	-1.1	+2.9
Wash.	782	72,973	93.32	+5	+1.9	+2.9	+3.2
W. Va.	1,176	40,057	34.06	-2	-4	+5	+7.2
Wis.	1,104	80,929	73.31	-2	+5	-2.0	+3.0
Wyo.	63	3,939	62.52	(5)	(5)	(5)	(5)

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.

² Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, \$33,590 to 364 recipients; Missouri, \$35,001 to 579 recipients; Pennsylvania, \$662,479 to 9,727 recipients; and Washington, \$120 to 2 recipients.

³ Average payment not computed on base of less than 50 recipients; percentage change, on less than 100 recipients.

⁴ Increase of less than 0.05 percent.

⁵ In addition, supplemental payments of \$8,806 were made to recipients from general assistance funds.

⁶ Estimated.

⁷ Decrease of less than 0.05 percent.

Table 15.—Aid to dependent children: Recipients and payments to recipients, by State, September 1956¹

(Includes vendor payments for medical care and cases receiving only such payments)

State	Number of families	Number of recipients		Payments to recipients			Percentage change from—			
		Total ²	Children	Total amount	Average per—		August 1956 in—		September 1956 in—	
					Family	Recipient	Number of families	Amount	Number of families	Amount
Total.....	606,717	2,233,348	1,695,590	\$54,852,985	\$90.41	\$24.56	(³)	+0.3	+0.4	+3.8
Alabama.....	19,893	77,243	59,486	824,831	41.46	10.68	+0.5	+0.9	+6.4	-1.3
Alaska.....	1,336	4,683	3,464	116,082	86.87	24.78	-2	+4	+8.1	+3.9
Arizona.....	4,904	19,068	14,475	502,309	102.43	26.34	+1.5	+1.7	+4.4	+12.9
Arkansas.....	7,503	28,302	22,000	419,225	55.87	14.81	+1.8	+1.8	+1.1	+1.3
California.....	49,660	172,855	133,255	6,227,541	125.40	36.03	-1.6	-1.7	-6.0	-7.2
Colorado.....	5,759	22,075	17,056	640,646	111.24	29.02	+2	+1.6	+8	+3.6
Connecticut.....	5,329	17,236	12,843	769,538	144.41	44.65	-4	+7	+3	+3.8
Delaware.....	1,135	4,363	3,380	95,403	84.06	21.87	-1.1	-1	+7.4	+4.7
District of Columbia.....	2,109	7,054	7,080	223,841	106.14	24.72	-8	-5	+2.3	+1
Florida.....	21,633	77,174	59,144	1,198,642	55.41	15.53	+2	+4	+2.0	+2.8
Georgia.....	13,857	50,357	38,474	1,038,361	74.93	20.62	-1.0	-1.1	-1.2	-1.3
Hawaii.....	2,827	10,783	8,621	282,211	99.83	26.17	+2	-1.7	-12.4	-10.9
Idaho.....	1,705	6,189	4,554	219,483	128.73	35.46	-1.6	-1.1	-2.6	-3.0
Illinois.....	24,969	99,792	74,879	3,532,904	141.49	35.40	+1	+5	+16.2	+23.3
Indiana.....	8,801	31,236	23,249	807,559	91.76	25.85	+7	+2	+1.6	+3.7
Iowa.....	6,865	24,848	18,529	776,886	113.17	31.27	+8	+1.3	+5.9	+9.4
Kansas.....	4,606	16,900	13,058	522,270	113.39	30.90	+7	+7	+3.4	+5.4
Kentucky.....	18,650	67,823	51,005	1,193,996	64.02	17.60	-4	-3	-7	-3
Louisiana.....	19,576	76,996	58,889	1,422,292	72.65	18.47	-1.0	-2.3	+6.0	+18.0
Maine.....	4,302	14,961	10,834	363,822	84.57	24.32	-9	-5	-9	-1.0
Maryland.....	6,245	25,631	19,937	608,508	97.44	23.74	-9	-9	+1.2	+2.9
Massachusetts.....	12,426	41,691	30,927	1,688,910	135.92	40.51	-2	-2.9	-3.6	+3.3
Michigan.....	19,138	67,310	49,406	2,246,954	117.41	33.38	+9	+1.3	-1.7	+2.1
Minnesota.....	8,005	27,117	20,867	962,861	124.03	36.61	+3	+3	+1.9	+6.3
Mississippi.....	11,750	43,494	33,906	326,101	27.75	7.50	+8	+9	-4	-5
Missouri.....	20,047	72,110	53,925	1,437,156	71.69	19.93	+5	+7	-7.0	-2.0
Montana.....	2,005	7,200	5,532	216,555	108.01	30.08	+1.6	+2.1	-1.7	+1.1
Nebraska.....	2,725	9,966	7,478	269,128	98.76	27.00	-5	-3	+7.3	+11.8
Nevada.....	503	1,758	1,347	45,402	90.26	25.83	+8	+6	+128.6	+141.7
New Hampshire.....	932	3,492	2,635	125,639	134.81	35.98	+1.2	+2.1	-6.1	-3.7
New Jersey.....	6,622	21,963	16,579	799,693	120.76	36.41	+1.6	+9	+9.1	+11.1
New Mexico.....	6,079	22,764	17,406	559,672	92.07	24.59	-1	+7.5	-5	+33.7
New York.....	54,128	200,001	148,644	7,743,899	143.07	38.72	(⁴)	+1.9	+6	+4.4
North Carolina.....	18,785	72,287	55,393	1,173,525	62.47	16.23	+7	+3	+8	+1.3
North Dakota.....	1,630	5,938	4,554	199,105	122.15	33.53	+8	+1.7	+9.2	+13.3
Ohio.....	17,448	66,883	50,898	1,565,418	89.72	23.41	+1.1	+9	+9.4	+2.5
Oklahoma.....	15,676	52,820	40,241	1,309,807	83.55	24.80	-3	(⁴)	+2	+7.9
Oregon.....	3,296	11,873	8,957	444,285	134.80	37.42	+9.7	+17.4	-1.2	+9.7
Pennsylvania.....	28,851	111,012	84,285	3,148,209	109.12	28.36	-1.4	-1.0	-1	+3.7
Puerto Rico.....	42,200	150,500	115,600	447,500						
Rhode Island.....	3,478	12,198	9,052	400,024	115.02	32.79	+6	+7	-4	+3.5
South Carolina.....	7,900	30,474	23,789	374,460	47.40	12.29	-6	-5	-3.4	-3.5
South Dakota.....	2,781	9,310	7,147	234,200	84.21	25.16	+4	+5	+1.7	+3.6
Tennessee.....	19,452	70,353	52,619	1,217,353	62.58	17.30	-2	-2	-5.4	-1.6
Texas.....	21,339	86,852	65,783	1,381,411	64.74	15.91	+4	+3	-4.5	+9.4
Utah.....	2,823	9,890	7,337	321,117	113.75	32.47	-1	+1.5	-3.5	-2.3
Vermont.....	1,046	3,596	2,688	82,375	78.75	22.91	-1.5	-1.3	-3.9	-5.2
Virgin Islands.....	251	947	783	8,570	34.14	9.05	+4.6	+3.3	+20.7	+18.1
Virginia.....	8,755	34,429	26,754	592,505	67.68	17.21	-6	-6	+4	+3.5
Washington.....	8,735	30,385	22,463	1,074,724	123.04	35.37	-7	-3	+1	+4.3
West Virginia.....	17,808	67,405	52,258	1,428,821	80.23	21.20	+3	+3	-1.2	+8.4
Wisconsin.....	7,871	27,731	20,578	1,147,860	145.83	41.39	-1	+2.4	-1.2	+4.3
Wyoming.....	568	2,030	1,547	63,416	111.65	31.24	-4	-3	+2.2	+4.5

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.² Includes as recipients the children and 1 parent or other adult relative in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance.³ Decrease of less than 0.05 percent.⁴ Increase of less than 0.05 percent.⁵ In addition, supplemental payments of \$183,318 were made from general assistance funds to 4,831 families.⁶ Estimated.(Continued from page 19)
AGED BENEFICIARIES
OF OASI

benefit, will get only one check each month for the combined amount and is represented only once—under old-age benefits. When the benefits for all such cases existing on September 13, 1956, are combined—probably

some time in 1957—all overstatement caused by dual entitlement will have been eliminated from the regularly published data on monthly benefits in current-payment status.

Under the 1956 amendments to the Social Security Act, the age at which women may qualify for benefits, beginning in November 1956, was low-

ered from 65 to 62. For benefit-payment purposes, women aged 62-64 receiving old-age, wife's, widow's, or parent's benefits will be combined with those aged 65 or over. Plans are being made to obtain supplementary data that will make it possible to determine, at a later date, the number of beneficiaries aged 65 or over.

Table 16.—Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, September 1956¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	August 1956 in—		September 1955 in—	
				Number	Amount	Number	Amount
Total	263,421	\$14,977,334	\$56.86	+0.5	+0.5	+9.4	+12.7
Ala.	12,062	420,215	34.84	+1.9	+1.3	+12.1	+7.5
Ark.	6,030	191,926	31.83	+1.8	+1.8	+20.6	+22.9
Calif.	5,101	300,004	58.81	+1.5	+1.8	+3.1	+5.6
Conn.	2,156	254,830	118.20	-1.3	-2.0	+6.5	+10.3
Del.	398	22,523	56.59	-5	-2	+39.6	+45.2
D. C.	2,392	147,361	61.61	+1.8	+1.2	+8.1	+9.8
Fla.	3,610	173,784	48.14	+4.4	+4.6	(²)	(²)
Ga.	12,428	527,189	42.42	-1	+1	+17.1	+18.3
Hawaii	1,319	70,277	53.28	+9	+1.3	+1.8	-15.0
Idaho	900	55,543	61.71	-7	-4	+6.0	+6.8
Ill.	9,664	760,079	78.65	+4	+7	+57.9	+57.0
Kans.	3,940	280,946	71.31	+6	-7	+14.0	+18.2
Ky.	3	68	(²)	(²)	(²)	(²)	(²)
La.	14,119	650,877	46.10	+6	+1.2	+7.4	+16.1
Maine	741	43,050	58.10	+4.7	+4.5	+181.7	+177.7
Md.	5,044	285,668	56.64	-4	-2	+1.5	+9.3
Mass.	11,203	1,177,194	105.08	+1.0	-1.6	+6.9	+13.3
Mich.	2,638	210,928	79.96	+1.0	+1.3	+12.5	+24.1
Minn.	1,376	78,909	57.35	+1.9	+2.3	+65.6	+66.6
Miss.	3,824	94,101	24.61	+1.3	+1.4	+19.0	+19.1
Mo.	13,555	707,459	52.19	+7	+7	+2.4	+2.7
Mont.	1,464	96,806	66.12	+6	+2.0	+3.9	+6.7
Nebr.	1,116	62,504	56.01	+6.1	+6.3		
N. H.	298	26,434	88.70	+1.4	+2.1	+19.2	+45.4
N. J.	4,196	363,227	86.57	+1.9	+1.3	+19.8	+29.7
N. Mex.	1,704	90,266	52.97	+4	+3.6	-8	+58.7
N. Y.	39,798	3,480,636	87.46	-7	+5	-1.6	+3.7
N. C.	13,516	516,811	38.24	+1.6	+5	+15.4	+17.5
N. Dak.	968	79,365	81.99	+2.0	+5.9	+8.9	+18.5
Ohio	8,613	434,456	50.44	+2.0	+2.1	-1.7	-8
Okl.	6,734	396,078	58.82	+2	(²)	+10.1	+11.1
Oreg.	3,291	276,013	83.87	+4	-2	+3.3	+15.5
Pa.	12,756	710,091	55.67	-6	-3	-2.7	+3
P. R.	20,500	178,300					
R. I.	1,620	125,331	77.36	+1.3	+1.1	+7.1	+9.4
S. C.	7,751	246,850	31.85	-3	-2	-4.4	-3.9
S. Dak.	810	37,618	46.44	+2.4	+1.8	+13.1	+13.2
Tenn.	2,761	107,937	39.09	+7.5	+7.6	+72.1	+69.6
Utah	1,776	117,855	66.36	-8	-4	-7	+1.9
Vt.	555	27,951	50.36	+4	+4	+16.1	+16.5
V. I.	104	2,018	19.40	0	-1	+4.0	+4.6
Va.	5,141	200,834	39.07	+1.4	+1.4	+10.3	+9.5
Wash.	5,305	512,014	96.52	-3	+9	-1.6	+5.4
W. Va.	8,416	279,058	33.16	-1	-4	-2.2	+3.9
Wis.	1,223	125,806	102.87	+9	+4.7	+7.8	+14.1
Wyo.	502	30,114	59.99	+2.7	+2.0	+10.8	+9.6

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.

² Not computed; August 1955 first month of operation.

³ Average payment not computed on base of less than 50 recipients; percentage change on less than 100 recipients.

⁴ In addition, supplemental payments of \$12,519 from general assistance funds were made to some recipients in Nebraska and \$56,345 to 2,164 recipients in Ohio.

⁵ Increase of less than 0.05 percent.

⁶ Estimated.

Table 17.—General assistance: Cases and payments to cases, by State, September 1956¹

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of cases	Payments to cases		Percentage change from—			
		Total amount	Average	August 1956 in—		September 1955 in—	
				Number	Amount	Number	Amount
Total	280,000	\$14,733,000	\$52.58	-5.6	-8.1	-3.4	-4.1
Ala.	167	3,874	23.20	-11.6	-12.6	+11.3	+9.3
Alaska	152	7,924	52.13	+1.3	-12.5	+2.0	-5.6
Ariz.	1,958	85,797	43.82	+5	+7	+15.4	+14.3
Ark.	263	3,558	13.53	-32.2	-28.8	-19.6	-20.5
Calif.	26,848	1,383,277	51.52	-4.1	-4.4	-5.8	-5.9
Colo.	1,399	51,952	37.14	-1.8	-3.7	-1.6	-5.6
Conn.	4,267	154,583	57.96	-4.5	+2.0	-4.2	+1.4
Del.	881	49,693	56.41	-1.7	-4.0	-12.5	+3.1
D. C.	587	35,976	61.29	-1.0	-1.1	+11.6	+9.5
Fla.	5,200	90,600					
Ga.	2,077	46,137	22.21	-6.0	-7.9	-5.2	-9.1
Hawaii	1,531	80,171	52.37	-4.7	-6.5	-28.3	-33.8
Idaho	57	2,886	50.63	(²)	(²)	(²)	(²)
Ill.	27,662	1,896,942	68.58	-1.9	-2.8	-19.5	-19.4
Ind.	11,785	376,116	31.91	-29.2	-33.3	+11.2	+5.8
Iowa	3,450	110,394	32.00	-5.5	-7.0	-8	+2.6
Kans.	1,718	94,510	55.01	-2.6	+3	-2.1	-6.4
Ky.	2,268	67,456	29.74	+3.7	+3.6	-20.1	-17.9
La.	8,419	353,887	42.03	+1.2	+1.2	+11.2	+19.0
Maine	2,953	132,084	44.73	+9.4	+7.3	-1.3	-3.5
Md.	1,817	98,304	54.10	-4.3	-4.6	+16.5	+17.9
Mass.	9,844	547,827	55.65	-1.8	-7.2	-16.5	-13.2
Mich.	19,170	1,324,444	69.09	-1.4	-12.2	+23.4	+28.9
Minn.	5,480	302,234	55.15	-10.4	-14.2	-8.4	-9.4
Miss.	905	13,084	14.46	-8.1	-8.5	-8.8	-7
Mo.	6,547	316,438	48.33	+2.1	+2.9	+5.5	+27.0
Mont.	688	24,102	35.03	-1.4	-1.4	+17.6	+42.0
Nebr.	1,215	45,500	37.45	-3.1	-5.6	-11.7	-17.6
N. H.	330	10,900					
N. J.	800	38,366	47.96	-2	+2.8	-10.2	-1
N. Y.	6,370	506,987	79.59	-1.9	+1.0	-9.4	-8.2
N. Mex.	334	9,813	29.38	+11.3	+18.9	-21.6	-11.2
N. C.	23,382	1,811,683	77.48	-4.6	-3.5	-11.4	-12.9
N. C.	2,502	59,359	23.72	-3.8	-4.2	+11.4	+26.0
N. Dak.	279	12,058	43.22	-15.5	-15.1	-10.9	-2.3
Ohio	27,437	1,362,674	49.67	-4.4	-6.1	+6.6	+2.5
Okl.	7,472	121,339	16.24	-8.8	-9.8	-2.4	-3.9
Oreg.	3,100	173,915			+2.0		+58.1
Pa.	22,132	1,394,740	63.02	-15.5	-25.7	-6.4	-13.6
P. R.	910	14,600					
R. I.	3,004	205,709	68.48	-5.1	-5.0	-11.6	-5.3
S. C.	1,651	38,710	23.45	-3.2	-2.0	-8.4	-7.6
S. Dak.	1,036	36,083	34.83	-3.7	+10.5	-8.4	-4.0
Tenn.	1,887	32,794	17.34	-1	-6.3	-18.6	-14.2
Tex.	9,200	197,000					
Utah	1,429	84,747	59.31	-3.9	-6.0	+3.1	+4.3
Vt.	900	40,000					
V. I.	121	2,316	19.14	0	+1.0	+19.8	+20.9
Va.	1,788	61,381	34.33	+3	-3.4	-17.2	-18.0
Wash.	9,138	589,314	64.49	-4.2	-4.2	+4.0	+8.6
W. Va.	2,644	81,460	30.81	+4	+2.9	+19.5	+25.2
Wis.	6,450	461,744	71.59	-3.6	-1.3	-7.0	+2.4
Wyo.	220	11,109	50.50	-2.7	+1.9	+38.4	+44.4

¹ For definition of terms see the *Bulletin*, January 1953, p. 16. All data subject to revision.

² Partly estimated; does not represent sum of State figures because total excludes for Indiana and New Jersey an estimated number of cases receiving medical care, hospitalization, and burial only and payments for these services.

³ State program only; excludes program administered by local officials.

⁴ About 10 percent of this total is estimated.

⁵ Partly estimated.

⁶ Excludes assistance in kind and cases receiving assistance in kind only and, for a few counties, cash payments and cases receiving cash payments.

⁷ Percentage change not computed on base of less than 100 cases.

⁸ Includes an unknown number of cases receiving medical care, hospitalization, and burial only, and total payments for these services.

⁹ Estimated.

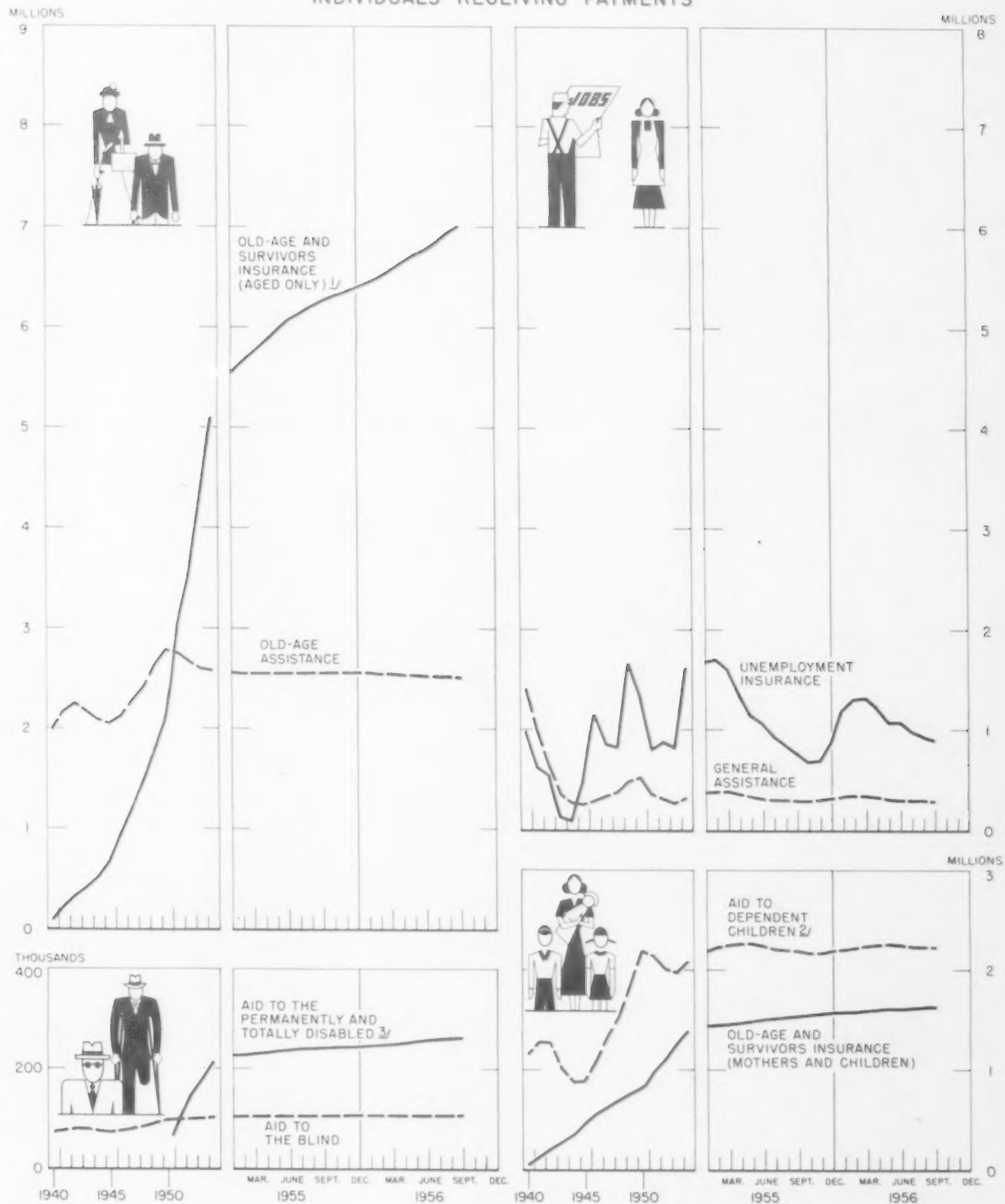
¹⁰ Includes cases receiving medical care only.

¹¹ Includes 7,402 cases and payments of \$249,843 representing supplementation of other assistance programs.

¹² Estimated on basis of reports from sample of local jurisdictions.

Social Security Operations*

INDIVIDUALS RECEIVING PAYMENTS



* Old-age and survivors insurance: beneficiaries receiving monthly benefits (current-payment status); annual data represent average monthly number. Public assistance: monthly number of recipients under all State programs; annual data, average monthly number. Unemployment insurance: average weekly number of beneficiaries for the month under all State laws; annual data, average weekly number for the year.

¹ Receiving old-age, wife's or husband's, widow's or widower's, or parent's benefit. Beginning September 1950, includes a small proportion of wife beneficiaries under age 65 with child beneficiaries in their care.

² Children plus 1 adult per family when adults are included in assistance group; before October 1950, partly estimated.

³ Program initiated October 1950.

NOTE: Data for payments and data for individuals receiving payments appear in alternate months.

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